

# Hospitalisation request

Please note: This form is only to be used for claims where WorkCover Queensland is the insurer.

## Patient details

1 Surname or family name

2 Given names

Title

3 Date of birth

4 Claim number

5 Date of request

## Request for hospitalisation

6 Admit patient to

Hospital name

for  days

## 7 Purpose for admission

  
  
  

8 Proposed admission date

9 Diagnosis of work related injury/ies

  
  
  

10 Item numbers likely to be used

  
  
  

11 Anticipated outcome of treatment

Overall clinical outcome intended from this admission

  
  
  

Earliest return to any work (i.e. including restricted or suitable duties) timeframe in weeks

  

Estimated time for a full recovery or maximum medical improvement after treatment in weeks

  

## Post admission rehabilitation

12 Anticipated post admission rehabilitation

### Treatment

- Physiotherapy  
 Hand therapy  
 Multidisciplinary program

### Occupational rehabilitation

- Functional capacity evaluation  
 Worksite assessment  
 Suitable duties program

### Vocational

- Vocational assessment  
 Other (provide details)

  

13 I would like WorkCover Queensland to contact me after

to discuss these by:

- Letter  
 Fax  
 Telephone  
 Visit

## Medical practitioner details

Signature

Full name

Practice

Telephone

Fax

## WorkCover Queensland use only

**Approved.** Please confirm admission details with your patient and the hospital.

**Not approved** or modification to request

  

Please note that payment for the completion of this form will be made in line with Q-COMP Medical Fees Schedules, item 100810 (Specialist) and 100297 (GP).

Payment for treatment will be made in line with the Q-COMP Medical Fees Schedules.

WorkCover Queensland contact

Telephone

Email