



## Workplace Referral Eligibility Checklist

<b>Client name</b>	
<b>Client's Claim details</b>	DOB, ACC claim number/ACC45, NHI number
<b>Client contact details</b>	
<b>Reason for Referral</b>	
<b>Employer</b>	
<b>Employer contact details</b>	
<b>Employer Address including Location</b>	

<b>Checklist (can be completed by Employer, GP/Specialist or Habit Health Staff/Subbie)</b>
<b>Compulsory</b>
<input type="checkbox"/> Current ACC Claim
<input type="checkbox"/> Is struggling to complete usual duties
<b>Referral likely indicated</b>
<input type="checkbox"/> Has a Medical Certificate that is either FUF (fully unfit) or FFSW (Fit for Selected Work)
<input type="checkbox"/> There may be suitable, alternative or light duties that the staff member could do at work
<input type="checkbox"/> The client/staff member is ready to return to work in some capacity

If the client does not meet any of the criteria specified above but you consider that, the client would benefit from support: we can still discuss this with you and make recommendations

<b>Referrer Signature:</b>	
Sign to confirm that the above checklist has been satisfied and the client is eligible for triage	
<b>Signed:</b>	<b>Name:</b>
<b>Date:</b>	

Please send to [referrals@habit.co.nz](mailto:referrals@habit.co.nz)