



Michelle French + Associates

Medicolegal **Consulting** Occupational Therapy **Services**

New Client Referral Form Medicolegal Services

Client's Name

.....

Client's Address

.....
.....
.....
.....
.....

Client's Date of Birth

.....

Client's Injury Type(s)

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

Injury Date

.....

Do you have any mediation or court dates pending?

.....
.....
.....

Do you require a quote for legal aid or other contingency funding?

.....
.....
.....

Referring Organisation

.....
.....
.....
.....

Type of Service required (tick any that apply)

- Occupational Therapy
- Speech Therapy
- Physiotherapy
- Case Management
- Vocational Assessment
- Behavioural Psychology
- Neuropsychology

Contact's Name

.....

Contact's Phone

.....

Contact's Email

.....

Any other relevant information

.....
.....
.....
.....
.....
.....
.....

Please return this completed form to

Michelle French + Associates

C/o New Referrals Officer

P.O. Box 1341

North Fitzroy

Victoria 3068

Australia

Fax: +61 (0)3 9489 5381

If you have any questions regarding this form, or wish to refer by telephone

Please contact us at

Ph. +61 (0)3 9489 3196

admin@michellefrench.com.au