Form P36

Referral to an Independent Medical Adviser

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| *This is the approved form for a referral of a medical question or questions to an Independent Medical Adviser for inquiry and report under section 121 of the Return to Work Act 2014.* | | | SAET Case number |
|  |
| **TO: THE INDEPENDENT MEDICAL ADVISER (IMA)** | | | |
|  | | | |
| IMA Name |  | | |
|  |  | | |
| Specialty | Choose an item. | | |
|  |  | | |
| Accreditation | Choose an item. | | |
|  |  | | |
| Worker |  | | |
|  |  | | |
| Type of referral | Standard non-WPI   Complex non-WPI | Standard WPI  Complex WPI | |
|  |  | | |
| Proof of COVID-19 vaccination | Required   Not required | | |
|  | **NOTE – It is the worker’s responsibility to ascertain whether proof of COVID-19 vaccination is required by the independent medical adviser named above.** | | |
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| **MEDICAL QUESTION(S) TO BE ADDRESSED BY IMA** | | | |

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| **STATEMENT OF FACTS AND CIRCUMSTANCES RELEVANT TO THE CONTEXT OF THE MEDICAL QUESTION(S)** |
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| **LIST OF DOCUMENTS TO BE INCLUDED IN THE REFERRAL** |
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| **DOES THE MEDICAL QUESTION(S) RELATE TO A PERMANENT IMPAIRMENT ASSESSMENT (PIA)?**  **NOTE - Where a question(s) concerns a PIA resulting from complex and multiple injuries, more than one IMA may be required in which case a lead IMA is to be chosen by the parties to prepare the report.** |

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| PIA assessment | **Yes/No** |

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| **THE WORKER’S DETAILS** | |
| Name |  |
|  |  |
| Address |  |
|  |  |
| Phone |  |
|  |  |
| Email |  |
|  |  |
| Date of Birth |  |
|  |  |
| Proof of COVID-19 vaccination | Attached   Not required |
|  | **NOTE – Proof of COVID-19 vaccination acceptable to the independent medical adviser named above must be attached if required.** |
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| **REPRESENTATIVE DETAILS** *(complete if applicable)* | |
|  | |
| Business name |  |

|  |  |
| --- | --- |
| Contact person |  |
|  |  |
| Address |  |
|  |  |
| Phone |  |
|  |  |
| Email |  |
| **SPECIAL NEEDS OF WORKER** | |
|  |  |
| Interpreter required? |  |
|  |  |
| If yes, specify Language.  If Yes, specify language.  **Note: SAET will arrange for an interpreter to attend the medical examination**. |  |
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| **Please specify any other special requirements** |  |

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| **SA EMPLOYMENT TRIBUNAL – CONTACT PERSON** | |
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| SAET contact person for queries regarding this referral or request for additional information. |  |
| **Email** | saet@sa.gov.au |
| **Phone** | 08 8177 3500 |
| **DECLARATION OF INTEREST** | |
| Please notify the SAET contact person if you:-   * believe you have an interest in relation to this referral such that you have treated or examined or furnished a report in relation to the worker; * or you have a private interest (or other public interest) which constitutes either an actual conflict of interest or a potential or perceived conflict of interest in relation to any of the parties associated with this referral; * or if you consider you are not adequately qualified or experienced to report on the medical question. | |
| **ACCEPTANCE OF REFERRAL** | |
| Please advise the SAET contact person within 7 days if you accept this referral.  If you accept the referral, please also advise the SAET contact officer:   * Whether or not electronic copies of documents will be accepted and if so, if email is also acceptable. * The date and time of the medical examination.   **Once acceptance has been received, SAET will arrange an appointment for assessment and will advise the parties of the date and location of the assessment as per IMA Guidelines sections 16 and 17**. | |
| **INFORMATION FOR THE INDEPENDENT MEDICAL ADVISER (IMA)** | |
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| To ensure the medical report complies with statutory timeframes, IMA’s are to ensure that the report is provided to SAET within 10 days after the medical examination.  Should the IMA be unable to meet this timeframe, contact is to be made with the SAET Registrar to discuss.  The report is to include:-   * details of the medical question; and * the opinion of the adviser(s) with respect to the question; and * the reason or reasons for the opinion; * the information about the documents and other reports, including any additional information requested by the adviser(s) that have been considered by the adviser(s); and * the methodology by which any assessment of permanent impairment is made including appropriate reference to the Impairment Assessment Guidelines; and * any other matters that, in the opinion of the adviser(s), should be considered or investigated.   A report that complies with these guidelines will be admissible in proceedings before SAET at trial as the evidence of the adviser. | |