

## E1 General information

Date (DD / MM / YYYY):

Title First name(s)

Last name

Claim number

**Gender** Male Female

Family member or nominated person

Relationship and contact number

Worker date of birth (DD / MM / YYYY):

Worker date of injury (DD / MM / YYYY):

### Address

No (unit/street no)

Street

Suburb

State Post code

Email

**Postal address** As above OR

No (unit/street no)

Street

Suburb

State Postcode

Phone no

## icare coordinator

Name

Contact details

## Planning facilitator details

Name

Organisation

Phone

Email

## Injury

### SCI

ASIA Score

If available: ULMS score

### TBI

FIM sub-scores (if available):

Self-care

Mobility

Cognition

### Amputations

Which limbs are affected?

### Burns

FIM sub-scores (if available):

Self-care

Mobility

Cognition

## Permanent blindness

## Other injury-related medical conditions

e.g. significant orthopaedic/crush injuries, secondary conditions (chronic pain, PTSD, etc)

## Rehabilitation facility

Date of admission (DD / MM / YYYY):

Date of discharge or planned discharge (DD / MM / YYYY):

## Personal injury claim status

CTP claim

Lifetime Care Application

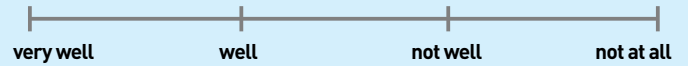
Other (e.g. private insurance, such as income protection)

## Other relevant information

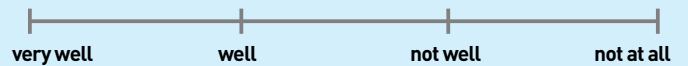
## Language

What language do you speak at home?

How well do you **read** in this language?

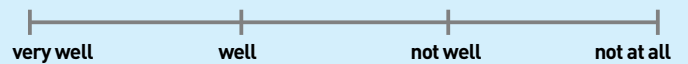


How well do you **write** in this language?

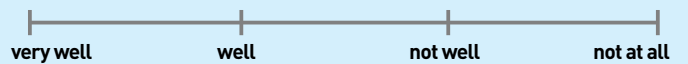


## If English is not your first language:

How well do you **speak** English?



How well do you **read** English?



How well do you **write** English?

