

# REFERRAL TO MEDICAL PANELS

Pursuant to Section 28LWE  
Wrongs Act 1958

## 1. REFERRER DETAILS / RESPONDENT REPRESENTATIVE

Referring Officer:			
Organisation:			
Address:			
Telephone:		Facsimile No:	
Email Address:			
Your Reference No:			

## 2. CLAIMANT DETAILS

Given Name:				
Surname:				
Postal Address:				
Telephone Home:		Mobile Phone:		
Email Address:			Date of Birth:	
Gender:				
Interpreter Required:	YES	NO	Language / Dialect:	
Is Claimant a person under disability (including a minor):				
Name of Claimant Representative/Guardian:				
Address of Claimant Representative/Guardian:				
Relationship to Claimant:		Telephone No:		

### 3. CLAIMANT LEGAL REPRESENTATIVE

Name:			
Organisation:			
Address:			
Telephone:		Facsimile No:	
Email Address:		Ref No:	

### 4. RESPONDENT DETAILS

Respondent Name:			
Address:			
Contact Person:		Telephone No:	
Date on which Respondent received the Certificate of Assessment:			
Date on which the Respondent received Form 4 from the Claimant:			
Respondent Claim Manager: <small>If there are two or more respondents to a claim, one of the respondents (the respondents' claim manager) may act for one or more of the other respondents, with the agreement of those other respondents, for the purposes of the claim.</small>	YES	NO	N/A

#### 4. a) ADDITIONAL RESPONDENT (if applicable)

Respondent Name:			
Address:			
Contact Person:		Telephone No:	
Date on which Respondent received the Certificate of Assessment:			
Date on which the Respondent received Form 4 from the Claimant:			

#### 4. b) ADDITIONAL RESPONDENT (if applicable)

Respondent Name:			
Address:			
Contact Person:		Telephone No:	
Date on which Respondent received the Certificate of Assessment:			
Date on which the Respondent received Form 4 from the Claimant:			

**5. DATE / TIME AND LOCATION OF INCIDENT**

**6. DESCRIPTION OF THE INCIDENT**

**7. DETAILS OF THE INJURY THE CLAIMANT ALLEGES TO HAVE SUFFERED  
AS A RESULT OF THE INCIDENT**

**8. WHAT IS THE MEDICAL QUESTION?** (Section 28LZA (1) (a) (i))

**Select one or both of the following questions:**

Does the degree of impairment resulting from the physical injury to the claimant alleged in the claim satisfy the threshold level?

Does the degree of impairment resulting from the psychiatric or psychological injury to the claimant alleged in the claim satisfy the threshold level?

**Note:** *If a Certificate of Assessment for physical injuries is identified a physical assessment will be performed.  
If a Certificate of Assessment for psychological injuries is identified a psychiatric assessment will be performed.*

**9. SCHEDULE OF ATTACHMENTS (Enclosure A)**

CLAIMANT NAME:	
MEDICAL PANEL REF NO: <i>(Allocated by MPV)</i>	

**REFERRER TO COMPLETE THIS SECTION**

Document		Date	No. of Pages
1.	Medical Panel Referral		
2.	Certificate of Assessment		
3.	Statement of Claim (if any)		
4.	Prescribed Information (Form 4 received from Claimant)		
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			

## Convenor of Medical Panels

Document	Date	No. of Pages
20.		
21.		
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33.		
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36.		
37.		
38.		
Total number of pages:		

### Instructions for Respondent:

Please list all specified documents of a specified class in the Respondent's possession including Medical Reports; Clinical and Medical Records; reports of relevant tests and imaging; Court Documents/Statement of Claim; and Submissions.

**Note:** All documents are to be provided in single sided A4 documents only.

## 10. CERTIFICATION

I, \_\_\_\_\_ an Employee of \_\_\_\_\_,  
*(Full Name)* *(Name of Organisation)*

certify that:

- I. A Certificate of Assessment has been served on the Respondent pursuant to Section 28LT(1) of the Act;
- II. The Respondent has received the prescribed information pursuant to Section 28LT(2) of the Act;
- III. The Respondent has accepted that it is a proper respondent to the claim;
- IV. The Respondent is entitled to make the referral;
- V. The referral is made within time limits set out in Section 28LWE of the Act;
- VI. The Respondent accepts liability for the fees and costs of the referral;
- VII. The Claimant has been advised of this referral to the Medical Panel for a Determination;
- VIII. A copy of ALL relevant medical reports and information in the possession of the Respondent are attached to the referral;
- IX. A complete copy of the referral including ALL attachments has been provided to the Claimant at the time of the referral;
- X. The Claimant has been provided copy/s of any surveillance reports and footage relevant to the referral;  
and
- XI. The Claimant has been advised that he/she can forward submissions and medical reports to the Medical Panel.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Position:

For and on behalf of:

## **IMPORTANT INFORMATION FOR REFERRERS**

### **Travel arrangements & costs**

Any reasonable travel (and where required, accommodation costs) are to be met by the Respondent. Once Panel Examinations have been arranged it is incumbent on the Respondent to ensure appropriate travel and accommodation arrangements have been made for the claimant to attend the examination. Claimants should be asked to keep receipts/records of costs and submit these to the relevant party/s for claim.

### **How long will it take until an appointment is scheduled?**

All efforts are made to progress the referral in a timely manner and some time may elapse, after acknowledgement of the referral, prior to receiving confirmation of Medical Panel examination details.

### **Submission of additional information**

A party to the referral wishing to provide a written submission and/or further document/s to the Medical Panel after receipt of the initial referral **MUST** also provide a copy of such written submission and/or further document/s to the other party/s.

### **Submitting surveillance information**

If your referral contains, or if you intend to rely upon/provide, surveillance materials please ensure that copies of the relevant reports and surveillance footage have been provided to the parties, in accordance with the Convenor's Directions. Failure to do so may result in a delay in the Medical Panel examination process.

### **Other important information**

The Convenor of Medical Panels has no powers to determine the validity of Certificates of Assessments or to deal with disputes about referral time limits or compliance with preliminary procedures. Any disputes regarding these matters should be resolved by the parties elsewhere.

### **Completed Forms and Attachments should be submitted to:**

Convenor of Medical Panels  
Level 6  
485 La Trobe St  
Melbourne, Vic 3000

For further information please contact the Medical Panels office on

Tel: 03 8256 1555

Fax: 03 8256 1550

Email: [info@medicalpanels.vic.gov.au](mailto:info@medicalpanels.vic.gov.au)