BODY BELONGING CLINIC

WorkCover WA referral: psychological treatment for injured workers

Lauren Lynch, Accredited Mental Health Social Worker (AMHSW) · ANZAED Credentialed Eating Disorder Clinician
AASW accreditation no. 461419 · Eligible provider, mental health social work, reg 32, Workers Compensation and Injury Management Regulations 2024 · ABN 76 208 028 254 · Telehealth across Western Australia

Send this with whatever you have. We book the worker first and sort approval alongside it. A part-filled form today beats a complete one next week.

Return to referrals@bodybelongingclinic.com.au · 0493 117 185. If your organisation requires secure transfer for health information, tell us and we will send a secure link before you return the form.

1 REFERRER

Name	Organisation	Role	Date of referral
Phone	**Email**	**Preferred contact**	

Referrer type
☐ Claims manager ☐ Rehabilitation consultant ☐ GP or treating doctor ☐ Occupational physician ☐ Employer / injury management ☐ Worker (self) ☐ Other

2 WORKER

Full name		Preferred name	Date of birth
Phone	**Email**	**Suburb or town**	**Best time to call**
Pronouns (optional)	**Interpreter** ☐ No ☐ Yes, language:		**Worker agrees to referral** ☐ Yes ☐ Not yet discussed
Telehealth format ☐ Video ☐ Phone, if video is not workable ☐ Worker to choose		**Access or scheduling needs**	

Anything the worker would like us to know: cultural, identity, access or neurodivergence considerations, or anything that has made treatment hard before

3 CLAIM

Insurer or self-insurer		Claim number	Date of injury
Claims manager	**Phone**	**Email**	
Employer		**Rehabilitation provider and consultant, if appointed**	

Liability status
☐ Accepted ☐ Deferred, provisional payments apply ☐ Decision pending ☐ Declined ☐ Not yet lodged

If liability is deferred, say so and we will still book. A deferred claim ordinarily attracts provisional payments for medical and health expenses, so treatment can start inside the deferral window.

4 TREATING MEDICAL PRACTITIONER

Name	Practice	Phone
Email or secure messaging	**Referral letter** ☐ Attached ☐ To follow ☐ N/A	**Current certificate of capacity** ☐ Attached ☐ No

5 REASON FOR REFERRAL

Injury
☐ Primary psychological injury ☐ Psychological injury secondary to physical injury ☐ Both

Presenting concerns
☐ Post-traumatic stress ☐ Anxiety or panic ☐ Low mood ☐ Adjustment ☐ Sleep ☐ Pain-related distress ☐ Grief ☐ Anger or irritability ☐ Alcohol or other drug use ☐ Disordered eating or body distress ☐ Other:

Current work status	Workplace contact since injury
☐ Pre-injury duties ☐ Modified duties ☐ Not currently working ☐	☐ Yes, regular ☐ Occasional ☐ None

Redeployed	
Return-to-work goal: what does this worker need to be able to do, and by when	
What is currently in the way	
Risk or safety concerns ☐ None known ☐ Yes, details (and whether the treating doctor is aware):	
Other treatment in place Medication, psychiatry, physiotherapy, pain programme, EAP, other psychological treatment	
Previous psychological treatment on this claim ☐ None ☐ Yes, provider, approximate sessions used, and why it ended:	

6 TREATMENT AND REPORTING PLAN

Sessions approved Number:	**Approval date or reference**	**Written approval** ☐ Attached ☐ Please request it from the claims manager	
Initial report ☐ Yes, after session 1 or 2 ☐ No	**Progress report** ☐ At session 6 ☐ At session 12 ☐ On request ☐ Not required	**Closure or final report** ☐ Yes ☐ No	**Case conference** ☐ Please arrange ☐ Not required

Reporting is charged under MHS03 at the scheduled hourly rate, pro rata. Schedule 6 allows three reports per claim before insurer approval is needed, and caps written and verbal communication at 30 minutes per conversation and 60 minutes across the claim. From 1 November 2026 the Treatment Management Plan may count toward the same three item cap, so the schedule we agree at referral sits within whatever the cap turns out to be, and I ask before going beyond it.

Attendance. Schedule 6 has no non-attendance item, so a missed appointment is not billable to the claim, and I do not invoice the worker for one. I ask for two clear business days' notice, I remind before every appointment, and if a worker misses two in a row I call them and tell you.

Treatment Management Plan. From 1 November 2026 a TMP is required for mental health social work wherever a worker is likely to need more than five consultations. It is billable, it does not replace reports, and the insurer responds within seven days. I send one as soon as a claim looks like running past five sessions.

7 WORKER CONSENT TO SHARE INFORMATION

Completed with the worker at the first session if it is not signed here.

I agree to Body Belonging Clinic sharing information about my treatment with the parties ticked below. What is shared is limited to what is relevant to my claim, my recovery and my return to work: my diagnosis where it bears on the claim, how I am tracking, what I can and cannot do at work, and what would help. The content of my sessions is not shared. I can change or withdraw this consent at any time by telling Lauren, and that will not stop my treatment.

Share with ☐ Insurer or claims manager ☐ Treating doctor ☐ Rehabilitation provider ☐ Employer, return-to-work information only ☐ Other:		
Worker signature	**Name**	**Date**

8 WHAT HAPPENS NEXT

1. We call the worker within one working day of this form arriving, and offer a first appointment within five. If you have not yet discussed the referral with them, tell us and we will wait until you have.
2. If approval is not attached, we request it in writing the same day and keep you copied. Where liability is deferred, we ask the insurer to confirm provisional payments rather than asking the worker to pay. Where a claim is declined or not yet lodged, we talk the options through with you before anyone is booked or charged.
3. First session: baseline measures matched to the presentation, with function and return-to-work goals written down. Trauma is measured on the PCL-5, not a general distress scale.
4. Treatment is matched to the presentation and to the national guidelines: trauma-focused cognitive behavioural work for post-traumatic stress, and ACT and DBT skills for adjustment, distress tolerance and the function work that carries a return to work.
5. Reports land within five working days of request, written to the Schedule 6 specification and copied to the treating doctor.
6. We ask for the next block before the current one runs out, so treatment does not stall between approvals.
7. Certificates of capacity sit with the treating medical practitioner. We refer those requests back, every time.

Fees and accounts. Billed under Schedule 6, Mental Health Social Work, of the current Workers Compensation (Health Services) Fees Order. The same scheduled hourly rate as a generally registered psychologist, and materially below the clinical and counselling psychology schedules for the same hour. Billed at schedule, so the worker is never charged a gap. Accounts go to the insurer or self-insurer, quoting the claim number. The worker is not invoiced.