ACC6246

Relevant documents list

The documents listed on this form are included with our request for a medical referral or assessment for this client. Please refer to these documents when completing your assessment.

1. Client details	
Client name: [Client full name auto]	Claim number: [Claim number auto]

2. Referral details	
Referral to: [assessor name]	Date of referral:

3. Document details

Author	Document name (or description of contents)	Document date	Number of pages

When we collect, use and store information, we comply with the Privacy Act 2020 and the Health Information Privacy Code 2020. For further details see ACC's privacy policy, available at www.acc.co.nz. We use the information collected on this form to fulfil the requirements of the Accident Compensation Act 2001.