



# Active Injury Management

Education Prevention Rehabilitation

## Referral Form

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ANNERLEY Q 4103  
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Phone (07) 3848 9654 Fax (07) 38489340

| Client's Details  |                  |
|-------------------|------------------|
| Name              | Telephone        |
| Address           | Date of birth    |
|                   | Date of injury   |
| Nature of injury  |                  |
| Occupation        |                  |
| Employer          | Employer contact |
| Address           | Telephone        |
|                   | Fax              |
| Employer email    |                  |
| Employment status | At work Off work |

| Insurer Information |           |
|---------------------|-----------|
| Insurer             | Telephone |
| Address             | Fax       |
|                     | Email     |
| Claim Number        |           |

| Treating Doctor |           |
|-----------------|-----------|
| Doctor          | Telephone |
| Address         | Fax       |
|                 | Email     |

| Reason for Referral                              |                             |
|--------------------------------------------------|-----------------------------|
| Physiotherapy Treatment                          | Worksite Assessment         |
| Exercise Rehabilitation Program                  | Workstation Assessment      |
| Develop and Monitor Suitable Duties Program      | Ergonomics Analysis         |
| Manual handling & occupational overuse education | Manual Task Risk Assessment |
| Back & neck care education                       | Equipment Risk Assessment   |
| Other                                            | Pre-employment assessment   |

| Referrer's details |           |
|--------------------|-----------|
| Name               | Telephone |
| Company            | Fax       |
|                    | Email     |