

Referral for Work Conditioning

Rehabilitation in Motion

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Patient details:

Name:.....DOB:.....

Ph (H): Mobile:

Referral for Exercise Physiology Services:

- Work Conditioning (CTP & WorkCover)
- Upgrade to pre-injury duties
- Chronic pain management
- Pre or post operative conditioning
- Prepare for job seeking
- Other

Insurance details:

Insurer:.....
 Claim#:.....
 Contact Name:
 Ph: (.....).....
 Fax: (.....).....

Reason for Referral:

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Diagnosis:.....

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General Practitioner to complete below section (ONLY if GP is directly referring patient):

Patient is suitable to undergo: Initial assessment Supervised exercise program

Address or Surgery stamp here: Ph: (.....).....

..... Fax: (.....).....

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Treating Doctor's Name:.....

Signature:.....Date:.....

Referred by: **Organisation:**.....

Ph: (.....)..... **Email:**.....

I would prefer ongoing communications: by phone in writing

PLEASE FAX TO Katerina Ziropiannis, AEP on (02) 4225 2081