

Referral for Work Conditioning
Rehabilitation in Motion Exercise Physiology
Suite 3/8-10 Victoria St, WOLLONGONG
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Patient details:

Name:.....DOB:.....
Ph (H): Mobile:

Referral for Exercise Physiology Services:

- Work Conditioning (WorkersComp/CTP)
- 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: (.....).....

Treating Doctor's Name:.....

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

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

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

I would prefer ongoing communication: by phone in writing

Please fax or email to Katerina Ziorgiannis at (02) 4225 2081 or katerina@rehabilitationinmotion.com.au