PRESCRIBE
Prevent Injury | Change Behaviour

Please complete and return to:
F: (02) 4244 4832 P: 1300 798 771
E: info@prescribeaustralia.com.au
A: PO Box 112, Woonona NSW 2517

WORKCOVER, CTP & COMCARE INJURY REHABILITATION REFERRAL

☐ Work Related Activity Program ☐ Functional Exercise Rehabilitation ☐ Work Conditioning
☐ Treatment At The Workplace ☐ Gym Based Rehabilitation ☐ Home Program

Client Details

First Name:		Surname:	
Address:			
DOB:	Tel (W):	Tel (H):	Mobile:
Claim Number:		Date of Injury:	
Diagnosis:			

Treating Doctor Details (or practice stamp)

Doctors Name:		Practice:
Address:		
Tel:	Fax:	Email:
Signature:		Date Signed:
		Medical Certificate Attached: ☐ Yes ☐ No

Insurance Details

Insurer:		Case Manager:
Tel:	Fax:	Email:
Approval given for ☐ Initial Assessment and Report ☐ 8 session EPMP ☐ Approval request required		
Signature:		Date Signed:

Rehabilitation Provider

Company:		Rehabilitation Consultant:	
Tel:	Fax:	Email:	
Current Work Status:	☐ Pre injury duties	☐ Suitable duties	☐ Unfit
Rehabilitation Goal:			