



AEP – AMS – MAAESS

ABN: 91 328 018 163

REFERRAL FORM for Exercise Physiology Services under WorkSafe.

PLEASE FAX TO (03) 9879 7777.

Provider Details.

Functional Training Perspectives Group. Provider Number: **EP018A**.
98 Railway Avenue Ringwood East. Vic. 3135.

Mr Matthew Fittolani

tel: 1300 20 20 27.

fax: (03) 9879 7777.

eMail: info@ftpghealth.com.au

GP Details.

Clinic:	Phone Number:
Address:	Fax Number:
Dr:	eMail: (if suitable for correspondence).

Reason for Referral – Injury Type.

10 Exercise Physiology Sessions

15 Exercise Physiology Sessions

3 Month Gym/Swim Membership

6 Month Gym/Swim Membership

I Have discussed this referral with the worker and they are in agreement.

Referrer's Signature: _____ **Date of Referral.** _____

Injured Worker Details.

Claim Number. _____

Name:	Date of Birth:
Address:	Date of Injury:
Home Phone:	Language:
Mobile Phone:	Interpreter: Yes No
Occupation:	Employer:
Employer Contact Name:	Employer Contact Phone:

Insurer.

Insurer:	
CM-MDM-LTM:	Direct Number:
IMA:	Direct Number:
Postal Address:	Fax Number:
Insurance Approval: Yes No	eMail (if suitable for correspondence).

Signed (on behalf of insurer) _____

Date _____