# IMM - Referral Form

IMM Service Requested

Primary Assessment Report (full)

Primary Assessment, Primary Assessment + Patient Counselling, Price Comparison, MMP or CCP, Other (please contact us to confirm)

## CLAIMANT DETAILS

FIRST NAME *

LAST NAME *

CLAIM NUMBER *

DATE OF BIRTH

DATE OF INJURY

OCCUPATION AT TIME OF INJURY

MECHANISM OF INJURY

CURRENT CONDITION/S

ACCEPTED CONDITION/S

DECLINED CONDITION/S

## REFERRER CONTACT 1

NAME *

PHONE *

POSITION *

EMAIL *

GENERIC COMPANY EMAIL *

## REFERRER CONTACT 2

NAME

PHONE

POSITION

EMAIL

## TREATING PARTY CONTACT 1

NAME

PHONE

SPECIALTY

FAX NUMBER

☐ PLEASE CONTACT

## TREATING PARTY CONTACT 2

NAME

PHONE

SPECIALTY

FAX

☐ PLEASE CONTACT

## TREATING PARTY CONTACT 3

NAME

PHONE

SPECIALTY

FAX

☐ PLEASE CONTACT

## PHARMACY CONTACT 1

PHARMACY NAME

PHONE

## PHARMACY CONTACT 2

PHARMACY NAME

PHONE

## BACKGROUND / HISTORY

BACKGROUND / HISTORY OF THE CLAIM

Please provide a brief background for your referral (previous surgeries, request for medicinal cannabis, multiple opioid medications, high-risk medication combinations, adverse effects)

## SPECIFIC QUESTIONS FOR THE PHARMACIST

SPECIFIC QUESTIONS

## ATTACHED DOCUMENTATION

ATTACHED FILES

- [ ] Current Certificate of Capacity / Fitness
- [ ] Current Medication Summary / Patient Health Summary
- [ ] Investigation IME report/s
- [ ] Investigation IMC report/s
- [ ] Rehabilitation Report/s
- [ ] Pharmacy receipts
- [ ] Hospital Discharge Summary
- [ ] Previous Pharmacy Review
- [ ] Other

**Please attach files to your email when sending to admin@imedmanagement.com.au**

*IMM is committed to protecting the privacy of Injured Persons and Insurers and to handling personal information in a responsible manner in accordance with the Privacy Act 1988 (Cth), the Privacy Amendment (Enhancing Privacy Protection) Act 2012, the Australian Privacy Principles and relevant State and Territory privacy legislation (referred to as privacy legislation).*

independent Med Management