



Inside Fitness First
 320 Adelaide Street BRISBANE Qld 4000
 email: david.brentnall@axisrehab.com.au
 Tel: (07) 3229 9441
 Fax: (07) 3229 6534

REFERRAL TO AXIS:

REFERRAL DATE: _____

Referral from:

Name	Organisation	Phone
Postal Address		Fax

Referral Details:

Client Name	Claim No.	DOB
Client Address		Contact No.
Occupation		
Employer Name		
Employer Contact	Position	Phone
Employer Address		Fax
Treating Doctor/s	Address	Phone
Condition		Date of Injury
Additional Information (please attach relevant medical reports)		

Axis Services Required:

	Physiotherapy Treatment		Functional Capacity Assessment (additional information is required)
	Specific Physiotherapy Assessment		Exercise Rehabilitation Program
	AXIS Program (MDP,WH&PM, WH or Seminar)		Develop and Monitor Suitable Duties Program
	AXIS e-program		Risk Assessment
	Workstation/Worksite Assessment		Manual Handling/ Ergonomic Training
	Independent Case Review		Psychology/Adjustment to Injury Counselling