

Referral Form



Fax to (03) 9459 8375 email to info@empowerrehab.com

Multi-disciplinary Pain Management

Pain Medicine Specialist

Physiotherapy

Psychology

Other (please describe)

Client Details

Title _____ Full Name _____

Gender M F Mobile Phone _____

D.O.B. _____ Home Phone _____

Address _____

Insurer _____

Claim Number _____ Date of Injury _____

Nature of the problem _____

Referrer Details

Name _____

Address _____

Provider No. _____ Email _____

Phone _____ Fax _____

Date of Referral _____

Please complete referral form and fax to (03) 9459 8375 or email to info@empowerrehab.com
We will contact your client for an appointment and liaise with you following the assessment.