REDiMED
TOTAL INJURY MANAGEMENT

Employer's, worker's and Insurance's details

Service required:Emergency Telehealth Consult, Initial Telehealth Consult,
Section:Work related

Patient:##!!##PATIENT##!!##
Date of birth:11/09/2014

Address:test
Suburb:test

Postcode:1234
Telephone:(Hm):

(Mob):1234
(Wk):1234

Next of Kin:(Hm):
Telephone:1234

Company's name:
Insurer:

IMA:
Address:

Email:
Phone:

Membership No:
Position No:

Expiry:
Health Fund:

Medicare:
VA No.:

Description of injury

Date of Accident / Onset:
Symptoms:Headache, Diarrhea,
Vital signs:
Medical history:
Medications:
Allergies:

Assessment

Symptomology:
Examination:
Differential Diagnosis:

Management plan

Medication:
Physio/allied:
Duty restriction:
Recommendations:
Follow up/review:
Referrals:

Name:
Address:
Telephone: (08) 9230 0900
Time & date of examination:

Registration no.

Fax: (08)9230 0999
Signature:

For workers' compensation and injury management information or assistance contact WorkCover WA's Advisory Services: 1300 794 744