

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

Service required:Transport to/from Airport Patient:Miss Hannah Gardiner Address:89 Pelican Parade

Postcode:6066

(Mob):0451065427 Next of Kin:(Hm):Jo Stirling

Company's name:Sodexo Gap Ridge Village

IMA:Holly Simpson

Email:sodexo.grv@icloud.com

Membership No:

Expiry:

Medicare:

Section:Work related Date of birth:18/05/1991 Suburb:Ballajura Telephone:(Hm):0892482331 (Wk):

Telephone:0438939857

Insurer:

Address:Lot 301 Madigan Road. Karratha

Phone: Position No: Health Fund: VA No.:

Description of injury

Date of Accident / Onset:21/07/2014

Symptoms: Vital signs: Medical history: Medications: Allergies:

Assessment

 $Symptomology: Cleaning \ showers \ and \ making \ beds \ yesterday, \ on \ reaching \ up \ felt \ sharp \ pain \ mid \ to \ lower \ back.$

Pain continues worse on stretching, bending, twisting. Bladder and bowels normal, lower limbs full power, normal sensation. PMH NIL DH NIL NKDA

Examination:

Differential Diagnosis:

Management plan

Medication: Analgesia

Physio/allied:Back in Perth 24th July. Advised to liaise with injury manager and follow up with physio.

Redimed can provide follow up as required.

Duty restriction:

Recommendations:

Follow up/review:Review 1 week

Referrals:

Name: Jim Cooper

Address: 1 Frederick Street. Belmont. WA. 6104

Telephone: (08) 9230 0900 Time & date of examination: 22/07/2014 01:00 Registration no. 221512EY

Fax: (08)9230 0999 Signature: