

Return to Work SA / Motor Vehicle Accident Claims

Name: _____ Claim Number: _____

Injury Date: _____ Diagnosis on RTWSA Certificate: _____

Employer: _____ Occupation: _____

Hours of Work per week: Usual: _____ Current: _____

Did you Have any time off work: No / Yes: Returned to full hours on _____

Key Work Duties: _____

Current Restrictions to work duties: _____

Patient Specific Functional Scale											
<i>Today, are there any activities that you are unable to do, or having difficulty with because of your current problem/injury? Please list 3 and score each of them as they affect you.</i>											
0	1	2	3	4	5	6	7	8	9	10	
<i>Unable to perform activity</i>											<i>Able to Perform activity as same level as before injury</i>
1. _____											
2. _____											
3. _____											

Insurance Agency / Case Manager Details:

RTWSA: Gallagher Bassett / Employers Mutual / self insured: _____

MVA: Allianz / AAMI / SGIC / QBE / Other _____

Case Manager (name) _____

(email) _____ (phone) _____

Service Agreement

By undertaking physiotherapy at Tanunda Physiotherapy I agree to the following:

- if RTWSA refuses to cover expenses relating to my treatment I am responsible for outstanding fees
- Full fees may be charged for non-attendance or cancellations under 24hrs notice. RTWSA do not pay these fees and they are the responsibility of the client
- I am required to provide up to date work capacity certificates as provided by my GP and all other relevant paperwork relating to my claim as soon as possible.
- This agreement applies to any subsequent RTWSA injuries I attend for at Tanunda Physiotherapy even under a new claim

Signature: _____

Date: _____