

# Referral Form

Independent Med Management | Phone: 02 4036 5333 | Email: admin@imedmanagement.com.au

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## Service Required

Select Service you need for this case:

### Pharmacy Review

Pharmacist opinion on medication appropriateness, risks, and alternatives for a specific claim

### Medication Management

Medication optimisation and risk management for high-risk medication cases

### Other

Specialised services and IMM legacy options.

If “Other” please describe the service you need and one of our team will contact you to discuss options.

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## Claimant Details

**Claim Number(s)** *\*Use a comma to separate multiple claim numbers*

**First Name**

**Last Name**

**Date of Birth (DD/MM/YYYY)**

**Date of Injury (DD/MM/YYYY)**

**Accepted Conditions**

**Declined Conditions**

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## Referrer Details

### Primary Contact

**Name**

**Job Title**

**Phone**

**Email**

**Company**

**Generic Company Email**

### Add Team Leader / IMA Details (Optional)

**Name** **Job Title**

**Phone** **Email**

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### Treatment Providers

#### Doctor 1

**Title** **Name** **Specialty e.g. General Practitioner (GP, Psychiatrist**

**Phone** **Clinic Name**

#### Doctor 2

**Title** **Name** **Specialty e.g. General Practitioner (GP, Psychiatrist**

**Phone** **Clinic Name**

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### Pharmacy 1

**Pharmacy Name**

**Phone** **Email** **Fax**

**Address**

### Pharmacy 2

**Pharmacy Name**

**Phone** **Email** **Fax**

**Address**

## Additional Details (Optional)

### Reason for Referral

### Questions for IMM Pharmacist

**Request High-Risk Prescribing Check**      Yes      No

*\*Real-time prescription monitoring is a system that tracks controlled medicine prescribing and dispensing to identify high-risk use, duplication, and potential misuse across patients and prescribers.*

### Supporting Document Upload

Please Submit this form by email and attach relevant documents to [admin@imedmanagement.com.au](mailto:admin@imedmanagement.com.au)

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