Secure & Confidential | Triaged Within 24 Hours | AHPRA-Registered Pharmacists

Referral Form

Complete this form to request a pharmacy review or medication management service

Service Required

Select the service you need

Service *

-- Select a service --

Reason for Referral

Tell us why you are referring this claimant

Reason *

Claimant Details

Information about the injured person

Claim Number (use comma to separate multiple) *

First Name *

Last Name *

Date of Birth (DD/MM/YYYY) *

Date of Injury (DD/MM/YYYY) *

Accepted Conditions

Declined Conditions

Referrer Details

Your contact information

Referrer Name *

Phone *

Email *

Job Title *

Company Name *

Generic Company Email *

Team Lead / IMA / IMS (if applicable)

Team Lead / IMA Name

Team Lead / IMA Email

Treatment Providers

If you require IMM to contact treating doctors / pharmacies

Doctor 1

Doctor Name

Clinic / Practice Name

Phone

Fax / Email

Doctor 2

Doctor Name

Clinic / Practice Name

Phone

Fax / Email

Pharmacy

Pharmacy Name

Phone

Address / Suburb

Additional Details

Questions for our pharmacists and any additional context

Questions for IMM Pharmacist

Additional Context / Background

High-Risk Prescribing Check

Real Time Prescription Monitoring

Would you like our pharmacists to review RTPM as part of this service?

(•) Yes ( ) No

Real Time Prescription Monitoring (RTPM)

Our pharmacists have access to Australia's RTPM system, providing instant visibility of a claimant's complete prescription history for high-risk medications including opioids and benzodiazepines.

Benefits:

- Identifies medication misuse, doctor shopping, or poly-pharmacy risks
- Reveals controlled substance prescriptions across all prescribers nationally
- Supports evidence-based risk assessment and liability management
- Enables early intervention before medication complications impact RTW outcomes

Supporting Documents

Attach documents when emailing this form

Email this completed form with supporting documents (medical reports, certificates of capacity, medication lists) to:

admin@imedmanagement.com.au

imm
Independent
Med Management

By submitting this form, you declare that the information provided is true and correct to the best of your knowledge.