3 Month Gym/Swim Membership Request

Initial ☐ Subsequent ☐

*A subsequent membership will be considered if there has been demonstrable functional improvement with a previous membership and further functional improvement expected with a further membership.

Type of Membership: Gym ☐ Swim ☐ Gym/Swim ☐

Please attach quote with facility details and fee to this request.

1. Worker's details

Worker's name	Date of birth

Occupation	Date of injury	Claim number

2. Injury details

Diagnosis (areas being treated)

3. Work status

Hours

Pre-injury hours at work ☐ per week

Current hours at work ☐ per week

Current duties

Pre-injury duties ☐ Not working ☐

Alternative/modified duties ☐

4. Assessment

Standardised outcome measures	Initial score		Review score		Review score	
	Date	Score	Date	Score	Date	Score

5. Subsequent request

If this is a request for subsequent membership, has there been an improvement in work status and/or functional improvements from the previous membership?

Yes ☐ No ☐

Please provide more details:

6. List current activity/functional limitations and related goals

Current activity/functional limitations	Related activity goals with requested membership
1.	1.
2.	2.
3.	3.

7. Treating practioner's details

Name	Telephone number	Fax number

Address	Postcode

Time/availability for discussion

Treating practitioner's signature	Date

Profession: Medical practitioner ☐ Physiotherapist ☐ Chiropractor ☐ Osteopath ☐