

**VETERANS' AFFAIRS REQUEST / REFERRAL FROM LOCAL MEDICAL
OFFICER (D904)**

1. Patient Details: Surname, First Name
Address
Phone: Date of Birth:
LMO ref. No DVA File No:

2. Does the patient's medical condition necessitate urgent approval? Yes

3. Treatment type referred for: Exercise Physiology

4. Services required: Consultation/opinion [Yes/No] Continuing care -Yes/No
Domiciliary/institutional visit -Yes/No

5. Referral to:
Phoenix Health & Fitness
233a Main Road, , Toukley, NSW 2263
Phone: 4397 2017

6. Clinical details of condition treated and services required:

7. Transport assistance certification: Not required/Required

8. Requesting/Referring Provider's name: Provider no:

Doctor's signature Date: