

Worker Questionnaire

Worker: Laureyne Withers
Employer: MOUNT ALEXANDER SHIRE COUNCIL
Claim Number: 08220033695

What is your current injury/condition?

Lower back and hip joint tightness.

What treatment/services are you currently having or receiving for this injury/condition? How often do you have this treatment/receive these services?

Note: If you are no longer having treatment (including taking medication) or receiving services, please advise when the treatment/services ceased

Physical therapy - Approximately every 6 weeks.

Have you returned to work? ☒ Yes ☐ No (please circle one)

If yes, what impact, if any, do you think the treatment (including taking medication) and/or services is having on your ability to stay at work?

Allows for relief of tightness for better movement.

What impact, if any, do you think the treatment (including taking medication and/or services) is having on your health or your day to day activities? (e.g. feeding, bathing, dressing, toileting)?

None.

Please list details of your current treating general practitioner (name, address, & phone number).

Botanical Garden's Health - 137 Cornish St
Castlemaine Vic 3450 - 54721844

Signed: L. Withers Date: 16/10/2023 Tel: 0419139770

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