



enquiries@pilatesrehab.co.uk

0845 437 9600

we treat people, not bodies

**Pilates Rehab Referral Form**

Title of Claimant/Client		
Full name of Claimant/Client		
Address of Claimant/Client		
Postcode		
Date of birth		
Accident date		
Contact telephone numbers	Primary (Please indicate home/work/mobile)	
	Secondary (Please indicate home/work/mobile)	
Email address		
Brief details of injury		
Details of any previous treatment		
Any other specific instructions?		

**Instructions from Insurers/Representatives**

Is the Claimant represented?	YES	NO
Have you obtained their agreement to instruct Pilates Rehab?	YES	NO
Do you want copies of any reports sent to them?	YES	NO
Name of Third Party Representative		
Address		
Postcode		
File Reference number		
Name of file handler		
Direct dial telephone number		
Email address		
Do you wish to proceed under our delegated authority?	YES	NO

### Insurer/Representative Details

Name and address	
Postcode	
File reference number	
File Handler's details	
Telephone number	
Email address	
Today's date	

Please send these instructions to:

Email : [newinstructions@pilatesrehab.co.uk](mailto:newinstructions@pilatesrehab.co.uk)

Fax: 07092 130797