

Accepted injury-related pharmaceutical or medications form

This form is to assist your doctor to provide NIISQ Agency with information required to **fund your accepted injury-related pharmacy or medication needs**. Your NIISQ Support Planner may also organise a pharmacy account with your chosen pharmacy for supply of your accepted injury medications.

When booking your appointment, an extended consultation may be required for the completion of this form.

This form is to provide:

- Current list of medications/pharmaceuticals prescribed to you by your doctor
- Doctor's clarification of what each medication is being prescribed to treat/manage
- Prescribing doctor's details and signature.

Once completed and signed by your doctor, please return this form to your NIISQ Support Planner, or email to requests@niis.qld.gov.au or return to: NIISQ Agency, GPO Box 1391, Brisbane, Qld 4001.

Participant's details						
Participant name				NIISQ case number		
Participant address						
	City/suburb			State	Postcode	
Participant email address						
Participant phone			Date of accident			
Accepted injury (serious personal injury) <small>(please specify)</small>			Other personal injuries/complications			
Traumatic brain injury						
Spinal cord injury						
Burns						
Blindness						
Amputation						
Permanent injury to the brachial plexus						
Pre-existing health/medical condition and injuries <small>(please provide copy of GP health summary)</small>						
Form and prescription completed by						
Doctor's full name						
Clinic address						
Phone				Signature		
Date						
Email						

My preferred pharmacy/chemist



First preference	
Pharmacy	
Address	
Contact name	
Phone	
Email	
Second preference	
Pharmacy	
Address	
Contact name	
Phone	
Email	

1300 607 566 enquiries@niis.qld.gov.au

National Injury Insurance Agency, Queensland