National Injury Insurance Agency, Queensland

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.

| Participan | t's details | | | | | | | |
|--|-----------------|--------------------|--------------------|---------------------------------------|----------|---------------|------|--|
| Participant name | | | | NIISQ car number | se | | | |
| Participant address | | | | | | | | |
| | City/suburb | | | State | | Postcode | | |
| Participant e | mail address | | | | | | | |
| Participant p | phone | | Date of accid | dent | | | | |
| Accepted injury (serious personal injury) (please specify) | | | Other perso | Other personal injuries/complications | | | | |
| Traumatic brain injury | | | | | | | | |
| Spinal cord i | njury | | | | | | | |
| Burns | | | | | | | | |
| Blindness | | | | | | | | |
| Amputation | | | | | | | | |
| Permanent in | ijury to the br | achial plexus | | | | | | |
| Pre-existing | , health/med | lical condition ar | nd injuries (pleas | e provide co | py of GI | P health summ | ary) | |
| | | | | | | | | |
| Form and | prescription | on completed | by | | | | | |
| Doctor's full | name | | | | | | | |
| Clinic addre | ss | | | | | | | |
| Phone | | | Signature | | | | | |
| Date | | | | | | | | |
| Email | | | | | | | | |

Current medications summary



Please attach a current and complete medication summary, annotating which medications relate to NIISQ accepted injuries OR complete the table below:

| Medication name | Dosage | Directions | Indication | Relationship to the accepted injuries (Y/N)? | If 'Yes', please outline how this medication is related to the accepted injury |
|------------------------|-------------------|---|--|---|--|
| e.g. Baclofen (Clofen) | e.g. 10mg tablets | e.g. Take half a tablet, 3 times a day | e.g. Treat muscle spasm, pain and stiffness | e.g. Y | e.g. Secondary to spinal cord injury |
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Are any of the above medications prescribe for the sole purpose of controlling behaviour? Yes No

If yes, which medication(s)

What is the behaviour being controlled?

My preferred pharmacy/chemist



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