



# Referral Form Rehabilitation Management

Workplace Wellness and Injury Prevention  
Occupational Therapy Services  
Functional Evaluation  
Disability Management  
Vocational Services

Referring Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

Client: \_\_\_\_\_ Claim/File Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Date of Injury/Illness: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Physician: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

Legal Rep: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

### Please select the appropriate Service

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Return to Work Coordination                  | <input type="checkbox"/> Medical-Legal Review       | <input type="checkbox"/> Employment Counseling |
| <input type="checkbox"/> Job Site Analysis                            | <input type="checkbox"/> Ergonomic Assessment       | <input type="checkbox"/> Life Skills Coaching  |
| <input type="checkbox"/> Job Matching (paper file)                    | <input type="checkbox"/> Home Care Assessment       | <input type="checkbox"/> Employment Placement  |
| <input type="checkbox"/> Workplace Accommodation Assessment (on-site) | <input type="checkbox"/> Accessibility Assessment   | <input type="checkbox"/> GATB                  |
| <input type="checkbox"/> Functional Capacity Evaluation               | <input type="checkbox"/> Occupational Physiotherapy | <input type="checkbox"/> PGAP                  |
| <input type="checkbox"/> General                                      | <input type="checkbox"/> Vocational Evaluation      |  |
| <input type="checkbox"/> Job Specific                                 | <input type="checkbox"/> Transferable Skills        |  |
| <input type="checkbox"/> One-day                                      | <input type="checkbox"/> Local Availability Survey  |  |
| <input type="checkbox"/> Two-day                                      |   |  |

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_