

Referred by:		Insurer:	
Address:		Phone:	
Fax:		Email:	
Report/Invoice Submission:	Email: Fax:		

Plan Member:		Address:	
Claim #:		Phone:	
Policy #		Email:	
Date of Birth:		Diagnosis:	
Date of Disability:		Employer:	
COD Date:		Occupation:	
Rehab Goal:	Own Occ/Any Occ	RTW Options Avail:	GRTW/Mod duties available
Physician:		Phone:	
Fax:		Email:	

Treatment Services			
	Work Conditioning		OT Psychosocial/CBT
	Physiotherapy		PGAP
	Exercise Reactivation		Psychology/Psychotherapy
	Cognitive Rehab		Cancer Rehab
	Concussion Rehab		Vestibular Rehab
	Job Coaching		Dietician/Nutrition
	Post-COVID-19 Program (select all that apply)		Interdisciplinary Program (select all that apply)
	• Physiotherapy		• Physiotherapy
	• Kinesiology		• Kinesiology
	• Occupational Therapy		• Occupational Therapy
	• Psychology/Psychotherapy		• Psychology/Psychotherapy/CBT
	• Other (SLP, RN, RT, RD)		• Other (SLP, RN, RT, RD)
Assessment Services			
	1 day Functional Capacity Evaluation (FCE)		2 day Functional Capacity Evaluation (FCE)
	1 day Cognitive Abilities Evaluation (CAE)		2 day Cognitive Abilities Evaluation (CAE)
	Combined FCE and CAE – 2 day		Physical Demands Analysis
	Ergonomic Assessment		Cognitive Demands Analysis
	Workplace Accommodation Assessment		Worksite Evaluation
	IME (indicate specialty):		
Vocational Services and Computer Training			
	Job Search Support Training		Computer Training Services – Level 1
	Labour Market Survey		Computer Training Services – Level 2
	Transferable Skills Analysis		Computer Training Services – Level 3
	Vocational Evaluation		Keyboarding
	Psychovocational Evaluation		
	Psychoeducational Evaluation		

continued on next page

Special Instructions:

Email referral

Email referral with secure document upload