

**REFERRAL FORM**

*Client Information*

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home ☎: \_\_\_\_\_ Alternate ☎: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Loss: \_\_\_\_\_

Injury & Functional Issues Summary:  MVA  WSIB  Other: \_\_\_\_\_

*Document Summary*

Type of Additional Documents on file (if any): \_\_\_\_\_

Documents will be sent via:  Fax  Mail  Email  Other: \_\_\_\_\_

*Type of Assessment(s) Required*

**Occupational Therapy**

- |   |                                       |   |   |
|---|---------------------------------------|---|---|
| <input type="checkbox"/> In-Home          | <input type="checkbox"/> Cognitive    | <input type="checkbox"/> Attendant Care         | <input type="checkbox"/> Functional         |
| <input type="checkbox"/> Assistive Device | <input type="checkbox"/> PGAP Program | <input type="checkbox"/> Work Site Demands      | <input type="checkbox"/> Life Care Planning |
| <input type="checkbox"/> Pre-Claim        | <input type="checkbox"/> Med-Rehab    | <input type="checkbox"/> Independent Evaluation |   |

**Other**

- |  |  |                                     |   |
|--|--|-------------------------------------|---|
| <input type="checkbox"/> Physiotherapy | <input type="checkbox"/> Massage Therapy | <input type="checkbox"/> Psychology | <input type="checkbox"/> Driving Evaluation |
|--|--|-------------------------------------|---|

*Billing / Third Party / Insurance Information*

Company: \_\_\_\_\_

Address: \_\_\_\_\_

☎: \_\_\_\_\_ Fax: \_\_\_\_\_

Policy #: \_\_\_\_\_ Claim #: \_\_\_\_\_

Adjustor: \_\_\_\_\_ HCAI Branch: \_\_\_\_\_

Extended Health Benefits?  Yes  No

If Yes, Provider/Group#/Policy#: \_\_\_\_\_

*Other Professionals*

Family Physician: \_\_\_\_\_ Specialist: \_\_\_\_\_

Other: \_\_\_\_\_

*Referral Information*

Referred by: \_\_\_\_\_ Date of Referral: \_\_\_\_\_

Company: \_\_\_\_\_ Fax: \_\_\_\_\_

☎: \_\_\_\_\_ Email: \_\_\_\_\_

Therapist: \_\_\_\_\_

Time: \_\_\_\_\_

Appt. Date: \_\_\_\_\_

Office Use Only: \_\_\_\_\_