



Rehabilitation/Disability Management - Referral Form

Claim Identifier:	Date:
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REFERRAL SOURCE INFORMATION

Referral Contact:	Title:
Company/Firm:	Address:
Phone: Ext:	Fax:
Email:	Other:
Preferred method of contact: <input type="checkbox"/> Email <input type="checkbox"/> Phone	Preferred Reporting Method: <input type="checkbox"/> Email <input type="checkbox"/> SecureDocs <input type="checkbox"/> Fax
Referral Contact Supervisor Name (if applicable):	

CLAIMANT/EMPLOYEE/CLIENT INFORMATION

First Name:	Last Name:
Address:	Date of Birth:
Phone Number(s):	Email:
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Date of Loss/Disability:	COD (if applicable):

MEDICAL INFORMATION

Original Diagnosis:	Current Diagnosis (if changed):
Symptoms:	Restrictions/ Limitations:
Family Physician:	Specialist:
Address:	Address:
Phone: Ext:	Phone: Ext:

VOCATIONAL INFORMATION

Occupation:	Employer:
Address:	Contact/Title:
Phone: Ext:	Email:

SERVICE(S) REQUESTED (Check one or more)

Case Management	Specialized Programs & Services	Vocational Services	Disability Management
<input type="checkbox"/> Standard Initial Assessment Enhanced Assessment: <input type="checkbox"/> Cognitive Screening <input type="checkbox"/> Psycho-Social Screening <input type="checkbox"/> Pharmacogenetic Testing <input type="checkbox"/> RTW Coordination <input type="checkbox"/> Customized Request (note below)	<input type="checkbox"/> Customized Reactivation <input type="checkbox"/> Progressive Goal Attainment Program <input type="checkbox"/> Cognitive Job Coaching <input type="checkbox"/> Functional Job Coaching <input type="checkbox"/> Physical Demands Analysis <input type="checkbox"/> Cognitive Demands Analysis <input type="checkbox"/> Ergonomic Assessment <input type="checkbox"/> Functional Ability Evaluation <input type="checkbox"/> Cognitive Ability Evaluation	TSA: <input type="checkbox"/> Telephonic <input type="checkbox"/> File-based <input type="checkbox"/> Vocational Assessment <input type="checkbox"/> Psycho-Vocational Assessment <input type="checkbox"/> Job Search Training <input type="checkbox"/> Supported Job Search <input type="checkbox"/> Labour Market Survey Computer Fundamentals: <input type="checkbox"/> Basic (4 wk) <input type="checkbox"/> +Excel (6 wk)	<input type="checkbox"/> STD/WI/Sick Leave/Salary Continuance <input type="checkbox"/> Accommodation Review <input type="checkbox"/> Attendance Management <input type="checkbox"/> Ergonomic Assessment <input type="checkbox"/> Customized Team Training (i.e. Sensitivity training – half day, Mental Health in the Work Place, Resiliency and Fatigue Management, etc.)
Customized Request:			



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SPECIAL INSTRUCTIONS

Interpreter required: <input type="checkbox"/> Yes <input type="checkbox"/> No	First Language:
Assessment to be conducted in: <input type="checkbox"/> English <input type="checkbox"/> French	Report to be written in: <input type="checkbox"/> English <input type="checkbox"/> French

ADDITIONAL INFORMATION PERTINENT TO THE REFERRAL REQUEST

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HAVE YOU ENCLOSED? (Check all that apply)

<input type="checkbox"/> Signed consent form
<input type="checkbox"/> Relevant medical documents
<input type="checkbox"/> Job Description/PDA if available
For TSA (Transferable Skills Analysis), Vocational Assessments and Psycho-Vocataional Assessments please provide: <input type="checkbox"/> Commensurate hourly wage range <input type="checkbox"/> Current physical &/or cognitive restrictions & limitations <input type="checkbox"/> Education <input type="checkbox"/> Employment history
If available: <input type="checkbox"/> Resume <input type="checkbox"/> Job description <input type="checkbox"/> Physical Demands Analysis

Has your claimant/employee/client/plan member been advised about this referral? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please contact us for a complimentary consultation if you have questions or require assistance.

To send your referral form securely, please upload along with supporting documents using SecureDocs link on our website. <http://agsrehab.com/referrals/>

Thank you for your referral.

Send to secure AGS email
by clicking the box above