

Rehabilitation - Referral Form

Claim Identifier:	Date:

REFERRAL SOURCE INFORMATION

Referral Contact:		Title:
Company/Firm:		Address:
Phone:	Ext:	Fax:
Email:		Other:
Preferred method of co	ontact:	Preferred Reporting Method:
🗆 Email 🗆 Phone		🗆 Email 🗆 SecureDocs 🗆 Fax
Referral Contact Supervisor Name (if applicable):		

CLAIMANT/EMPLOYEE/CLIENT INFORMATION

First Name:	Last Name:
Address:	Date of Birth:
Phone Number(s):	Email:
	Gender: 🗆 Male 🗆 Female 🗆 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 &	Vocational Services	Disability Management
	Services		
Standard Initial Assessment	Customized Reactivation	TSA: 🛛 Telephonic	Ergonomic Assessment
Enhanced Assessment:	Progressive Goal	□ File-based	Customized Team Training
Cognitive Screening	Attainment Program	Vocational Assessment	(i.e. Sensitivity training – half
 RTW Coordination Customized Request (note below) 	Cognitive Job Coaching	Psycho-Vocational	day, Mental Health in the Work
	Functional Job Coaching	Assessment	Place, Resiliency and Fatigue
	Physical Demands Analysis	Job Search Training	Management, etc.)
()	Cognitive Demands Analysis	Supported Job Search	
	Ergonomic Assessment	🗆 Labour Market Survey	
	Functional Ability Evaluation	Computer Fundamentals:	
	Cognitive Ability Evaluation	\Box Basic (4 wk) \Box +Excel (6 wk)	
Customized Request:			



Interpreter required: 🗆 Yes 🗆 No	First Language:
Assessment to be conducted in:	Report to be written in:
English French	English French

ADDITIONAL INFORMATION PERTINENT TO THE REFERRAL REQUEST

HAVE YOU ENCLOSED? (Check all that apply)

□ Signed c	onsent form

 $\hfill\square$ Relevant medical documents

□ Job Description/PDA if available

For TSA (Transferable Skills Analysis), Vocational Assessments and Psycho-Vocataional Assessments please provide:

□ Commensurate hourly wage range

□ Current physical &/or cognitive restrictions & limitations

□ Education

Employment history

If available:

□ Resume

 $\hfill\square$ Job description

□ Physical Demands Analysis

Has your claimant/employee/client/plan member been advised about this referral?

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.