AGS
MOVING YOU FORWARD

Rehabilitation - Referral Form

Claim Identifier:	**Date:**

REFERRAL SOURCE INFORMATION

Referral Contact:	**Title:**
Company/Firm:	**Address:**
Phone: **Ext:**	**Fax:**
Email:	**Other:**
Preferred method of contact: ☐ Email ☐ Phone	**Preferred Reporting Method:** ☐ 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 & Services	Vocational Services	Disability Management
☐ Standard Initial Assessment Enhanced Assessment: ☐ Cognitive Screening ☐ RTW Coordination ☐ Home Visit ☐ OT Assessment ☐ Psychotherapy ☐ Customized Request (note below)	☐ Customized Reactivation ☐ Progressive Goal Attainment Program ☐ Cognitive Job Coaching ☐ Functional Job Coaching ☐ Physical Demands Analysis ☐ Cognitive Demands Analysis ☐ Ergonomic Assessment ☐ Functional Ability Evaluation ☐ Cognitive Ability Evaluation	TSA: ☐ Telephonic ☐ File-based ☐ Vocational Assessment ☐ Psycho-Vocational Assessment ☐ Job Search Training ☐ Supported Job Search ☐ Labour Market Survey Computer Fundamentals: ☐ Basic (4 wk) ☐ +Excel (6 wk)	☐ Ergonomic Assessment ☐ 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: ☐ Yes ☐ No	**First Language:**
Assessment to be conducted in: ☐ English ☐ French	**Report to be written in:** ☐ English ☐ French

ADDITIONAL INFORMATION PERTINENT TO THE REFERRAL REQUEST

HAVE YOU ENCLOSED? (Check all that apply)

☐ Signed consent form

☐ 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
- ☐ Job description
- ☐ Physical Demands Analysis

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

Submit Form

Send to secure AGS email by clicking the box above