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Disability Management / Rehabilitation Referral

Claim and Policy:	Date:
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REFERRAL SOURCE:

Referral Contact Name:	Address:
Company Name:	Title:
Phone:	Email:
Preferred Contact Method: <input type="checkbox"/> Phone <input type="checkbox"/> Email	Preferred Reporting Method: <input type="checkbox"/> Email <input type="checkbox"/> Securedocs <input type="checkbox"/> Fax

CLIENT INFORMATION:

First Name:	Last Name:
Address:	Date of Birth (DOB):
Phone:	Email:
Nature of Disability:	Date of Loss/Date of Disability (DOD):
Change of Definition (COD):	Pre-disability Occupation:
	Employer:

MEDICAL INFORMATION / REQUEST OF SERVICE:

Claim status: (ie. LTD)
Nature of Referral:
Brief Outline of Diagnosis and Restrictions/Limitations:
Service type (check all that apply): <input type="checkbox"/> Disability Management <input type="checkbox"/> Reclaim Program (Multi-disciplinary goal attainment) <input type="checkbox"/> PGAP <input type="checkbox"/> RTW Coordination <input type="checkbox"/> Early Intervention <input type="checkbox"/> Ergonomic Assessment <input type="checkbox"/> Nutrition <input type="checkbox"/> Kinesiology <input type="checkbox"/> Counselling (EMDR, CBT, CPT) <input type="checkbox"/> Job Search Program (4 or 8 weeks)
Has the claimant been advised of this referral and that they will be contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any additional information pertaining to the referral request:

Please do not hesitate to contact Ms. Melisa Joyal at 604-961-5524 or via email at info@reclaimrehab.ca you have any questions or require assistance.