



FAX REFERRAL FORM

National Intake Office
Toll Free: 1.877.381.7200
Toll Free Fax: 1.866.300.0998
Email: referrals@rehabergo.com

Toronto London Halifax Vancouver

www.rehabergo.com

Referral Source

Company Name:

Contact Person:

Address 1:

Address 2:

City: Province: Postal Code:

Tel: Ext: Fax: Email:

Principal Information (i.e. insurance company)

Check here if Principal Information is the same as Referral Source

Company Name:

Contact Person:

Address 1:

Address 2:

City: Province: Postal Code:

Tel: Ext: Fax: Email:

Services Required:

- Section 42
 Form 1

Occupational Therapy/Kinesiology/ Disability Case Management

- Catastrophic Injury Management
 Cognitive Demands Analysis
 Cognitive Mediation
 Ergonomic Assessment
 Exercise/Therapy Program
 Functional Abilities Evaluation (FAE)
 Future Care Costs Analysis
 In-home Assessments
 Job Search Assistance
 Labour Market Survey
 On-site Work Hardening
 Physiotherapy (in-home)
 Psychovocational Evaluation
 Return to ADL/Work Program
 Transferable Skills Analysis (TSA)
 Treatment Plan Review

- Vocational Assessment
 Vocational Evaluation
 Vocational Reconditioning Program
(employer based work hardening)
 Worksite Analysis
 Other

Please specify:

Independent Psychological and Medical Assessments

- Dentistry
 General Surgery
 Neurology
 Neuropsychology
 Ophthalmology
 Orthopaedic
 Psychiatry
 Plastic Surgery
 Psychology
 Rheumatology
 Other

Please specify:

Claimant Information:

Claim/Policy #: Date of Loss:

Last Name: First Name:

Address 1:

Address 2:

City: Province: Postal Code:

Home Tel: Work Tel: Ext: Cell:

Best to Contact At: Home Work Cell

Occupation: Gender: M F Date of Birth:

Benefits To Address (if applicable): IRB Housekeeping Caregiving Attendant Care Other

Interpreter Required?: Language

Transportation Required?: To Where?

Presenting Issues/Diagnosis:

Doctor/Treating Practitioner:

Name:

Address 1:

Address 2:

City: Province: Postal Code:

Tel: Ext: Fax: Email:

Specialist Practitioner:

Name:

Address 1:

Address 2:

City: Province: Postal Code:

Tel: Ext: Fax: Email:

Legal Representation:

Company Name:

Contact Person:

Address 1:

Address 2:

City: Province: Postal Code:

Tel: Ext: Fax: Email:

Employer Information:

Company Name:

Contact Person:

Address 1:

Address 2:

City: Province: Postal Code:

Tel: Ext: Fax: Email: