CONFIDENTIAL REFERRAL FORM

Case ID: _____ Referral Contact: _____

PATIENT INFORMATION

First Name	
Last Name	
Gender	
Phone	
Birth Date	
Address	
Email	
Requirements	☐ Transportation ☐ Interpretation (Language: _____)

AUTO INSURANCE INFORMATION

Claim	
Policy Number	
Policy Holder	
Insurer	
Claim Adjuster	
Phone	
Fax	

EMPLOYMENT INFORMATION

Employed AT THE TIME of the accident?	◯ Yes No ◯
CURRENTLY employed?	◯ Yes No ◯
Injuries PREVENT / AFFECT employment?	◯ Yes No ◯

LEGAL REPRESENTATION INFORMATION

Law Firm	
Lawyer	
Phone / Fax	
Email	

MEDICAL HISTORY

Visited FD / Walk-in after Accident?	◯ Yes No ◯
Records available?	◯ Yes No ◯
Diagnostic Imaging after Accident?	◯ Yes No ◯
Records available?	◯ Yes No ◯
Name & Contact Info of FD	_____
Attending Physiotherapy?	◯ Yes No ◯

EXTENDED HEALTH INSURANCE

Company Name	
Policy Holder	
ID / Certificate	
Policy / Group	

REPORTED INJURIES / SPECIAL INSTRUCTIONS

List of Assessments:

- ◯ In Home Assessment
- ◯ Attendant Care (Form 1)
- ◯ Physical Functional Abilities Evaluation
- ◯ Cognitive Functional Abilities Evaluation
- ◯ Work-Site Assessment
- ◯ Concussion Assessment
- ◯ Physiatry Assessment
- ◯ Orthopaedic Assessment
- ◯ Neurological Evaluation
- ◯ Dental / TMJ Assessment
- ◯ Chronic Pain Assessment
- ◯ Dietician Assessment
- ◯ Otolaryngologist (ENT) Assessment
- ◯ Sleep Study
- ◯ Speech-Language Pathologies
- ◯ Psycho-Vocational Assessment
- ◯ Naturopathic Assessment
- ◯ Case Management
- ◯ Psychological Assessment
- ◯ Psychiatry Assessment
- ◯ Driver / Passenger Anxiety Ax
- ◯ Neuropsychological Assessment
- ◯ Sleep Study
- ◯ Other: _____

List of Treatments and Rehabilitation Services:

- ◯ Psychotherapy / Psychological Treatments
- ◯ Cognitive-Behavioural Therapy (CBT)
- ◯ Driver's Reintegration / Retraining
- ◯ Work Hardening Program
- ◯ Concussion Treatment
- ◯ Vocational Retraining
- ◯ Occupational Therapy
- ◯ Botox Pain Relief Injections
- ◯ Chronic Pain Intervention Therapy
- ◯ Dental Restoration
- ◯ Plastic Surgery Restoration / Intervention
- ◯ Decompression Treatment
- ◯ Dietician / Naturopathic Treatment
- ◯ ENT Treatment
- ◯ Speech-Language Pathologies Treatment
- ◯ Other: _____

Benefits Claimed:

- ◯ Attendant Care Benefits
- ◯ Housekeeping Benefits
- ◯ Income Replacement Benefits
- ◯ Non-Earner Benefits

SIGNATURE OF REFERRING PROFESSIONAL

_____