

**REFERRAL FORM**

Referral Date (DMY):		Date of Loss (DMY):		
<b>CLIENT INFORMATION</b>				
Client's First Name(s)	Client's Middle Name(s)	Client's Last Name(s)	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Other	Date of Birth (DMY)
Home Address		City		Postal Code
Email		Cell Phone		Other Phone
Mechanism of injury and/or impairment				
Is a translator required?				
<b>REFERRAL SOURCE INFORMATION</b>				
Law (or other) firm and address				
Lawyer (or referral source) name		Email		Phone
Assistant name		Email		Phone
<input type="checkbox"/> <b>MEDICAL-LEGAL EXPERT EVALUATION AND REPORT</b>				
<p>Intended to be "court ready" (i.e., stand-alone, comprehensive) report for medical-legal purposes. Includes detailed document review; evaluation data and results; expert opinion regarding capacity for self-care, leisure activities, paid work, and household work; recommendations related to paid work and household labour replacement; and recommendations (with associated costs) for future care needs. Report with cost of future care is <i>approximately</i> 40+ pages.</p> <p><input type="checkbox"/> Functional Capacity Evaluation, including cost of future care</p> <ul style="list-style-type: none"> <li>• Client must be able to attend the clinic in Edmonton and participate in standardized laboratory-based testing</li> <li>• <input type="checkbox"/> Home-based assessment <u>also</u> requested</li> </ul> <p><input type="checkbox"/> Home-based Occupational Performance Evaluation, including cost of future care</p> <ul style="list-style-type: none"> <li>• Client is unable to attend the clinic and perform standardized laboratory-based testing (e.g., elderly, catastrophically injured, or non-mobile individuals)</li> </ul>				
Therapist requested:				
<input type="checkbox"/> Therapist to be assigned at the discretion of WRC (shortest wait list) <input type="checkbox"/> Christine Whitelaw <input type="checkbox"/> Kaitlin Balla <input type="checkbox"/> Peyman Azad Khaneghah <input type="checkbox"/> Danielle Bowers <input type="checkbox"/> Chantel Lagimodiere				
Is there a deadline for receipt of report (DMY)?				

**SHORT OR NON-MEDICAL-LEGAL EVALUATION AND REPORT**

Intended for the referral source (e.g., Workers' Compensation Board, Veterans Affairs Canada, Department of National Defence, insurance company) who does not require a full, court-ready evaluation and report and/or only needs information on limitations and/or employability. Report is *approximately* 5 to 10 pages and does not include costs of future care, detailed document review, or detailed data. Therapist to be assigned at the discretion of WRC.

Functional Capacity Evaluation

- Client must be able to attend the clinic in Edmonton and participate in standardized laboratory-based testing

Home-based Occupational Performance Evaluation

- Client is unable to attend the clinic and perform standardized laboratory-based testing (e.g., elderly, catastrophically injured, or non-mobile individuals)

Is there a deadline for receipt of report (DMY)?

**OCCUPATIONAL THERAPY INTERVENTION**

Intended for those clients who require occupational therapy (OT) treatment and/or case management to further their rehabilitation. This may include direct OT treatment (i.e., education on pacing and energy conservation, activity modification, exposure therapy, provision of assistive devices, etc.), and communication with and coordination of other professionals and providers (i.e., collaborating on home modifications, facilitating other treatment and/or coordinating with other treatment professionals, arranging for in-home assistance, etc.). Therapist to be assigned at the discretion of WRC.

Brief description of needs

Is there a deadline for initiation of treatment? (DMY)

**INVOICING INFORMATION (IF NOT REFERRAL SOURCE)**

Insurance company (or other funder) name and address

Contact name/Adjuster

Policy number:

Claim number:

Phone

Email