

## Assessment/Service Referral Form

Please complete this form in full and return to the attention of "Referral" either by fax at 416-441-3244 or by email: [atf@atfcanada.com](mailto:atf@atfcanada.com). For additional assistance, our intake administrator can be reached at 800-767-6603 x 26 **Confidentiality Policy:** In Accordance with PIPEDA Legislation, a signed Waiver – Release of Personal, Medical, Functional and Vocational Information must be submitted with every referral

### REFERRAL SOURCE:

Date:		Best times to contact me at this location:	
Company Name:		Contact Person:	
Address:			
Telephone:	Fax:	Email:	
I am aware of the Confidentiality Policy for release of the report and Cancellation Policy <input type="checkbox"/>		I am not aware – please send to me with Appt confirmation <input type="checkbox"/>	

### EMPLOYEE INFORMATION:

Name:		Date of birth:		Day	Month	Year	
Male <input type="checkbox"/> Female <input type="checkbox"/>		Type of claim:		WSIB <input type="checkbox"/>	STD <input type="checkbox"/>	LTD <input type="checkbox"/>	
Address:							
Telephone:			Occupation:				
Date of disability:		Day	Month	Year	Change of definition:		
					Day	Month	Year
Diagnosis/area of injury:			Policy / Claim #				
Physical Demands Analysis:			Medical history:				
Enclosed <input type="checkbox"/> To Follow <input type="checkbox"/> N/A <input type="checkbox"/>			Enclosed <input type="checkbox"/> To Follow <input type="checkbox"/>				
Attending Physician:			Lawyer To Be Contacted? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Name:			Name:				
Address:			Address:				
Telephone: Fax:			Telephone: Fax:				

### SERVICE REQUESTED:

<input type="checkbox"/> Independent Medical Examination	Type of Specialist:	
<input type="checkbox"/> Functional Abilities Evaluation	Job Specific <input type="checkbox"/>	General Abilities/Limitations <input type="checkbox"/>
<input type="checkbox"/> Complex Case Management	<input type="checkbox"/> Field Visit	
<input type="checkbox"/> Vocational Assessment		
<input type="checkbox"/> Other	Please Specify:	

### REPORTING INFORMATION:

Assessment/Summary Reports to be sent to:	Fax:
Invoice To Be Sent To:	

### REASON FOR REFERRAL/SPECIAL INSTRUCTIONS:
