



Corporate Office:

The Health Plex
114 Empire Avenue
St. John's, NL
A1C 3G2
Tel: 709-722-7676
Fax: 709-722-6029

Branch Offices:

234 Villa Marie Drive
P.O. Box 1910
Marystown, NL
A0E 2M0
Tel: 709-279-7676
Fax: 709-279-7677

8 Gullage Avenue
Corner Brook, NL
A2H 7J4
Tel: 709-632-7676
Fax: 709-634-1015

1495 Topsail Road
Paradise, NL
A1L 1R1
Tel: 709-748-7676
Fax: 709-368-4037

Referral Form

Referral Source:

Contact/Title: _____
Company/Firm: _____
Phone: _____
Email: _____

Report Delivery Preference: Email Mail Fax
Details: _____
Billing Address: _____

Client Information:

Name: _____
Date of birth: _____
Diagnosis: _____
Date of Disability/Injury: _____

Telephone: _____
Claim No: _____
Treating Physician: _____
Job Title / Employer: _____
Workplace Contact: _____

Employment Medicals:

- MD
- Nurse
- Physical Fitness / Job Functional Testing

Ancillary Testing:

- Drug Testing
- Audiogram
- ECG / EKG
- Breath Alcohol
- Spirometry
- Blood Collection
- Vision: N/F Depth Color
- TB Testing

Other Services:

- Employer Ergonomic Assessment
- Risk / Hazard Assessments
- Injury Prevention Education
- Wellness Clinics / Vaccinations
- Wellness Clinics / Vaccinations
- Medical Surveillance Program

Disability Management Services

Case Management Services / Claim Adjudication

Independent Medical Examination: *

- MD for Rehab Clarification
- Chiropractic
- Other MD specialty _____
- Orthopedic Surgeon
- Follow Up Previous To IME
- Physiotherapy
- Psychologist

Interdisciplinary Assessment*

- Physician
- Chiropractic
- Occupational Therapist
- Kinesiologist
- Psychology / Social Work
- Physiotherapist

Occupational Therapy*

- Functional Capacity Assessments
- Ergonomic Assessment
- Clinic Based Rehab
- Exercise Therapy
- Job Matching
- (Generic Job Specific)
- Cognitive Assessments / Brain Fx
- Home Visit
- PGAP
- Wheelchair / Accessibility
- Mental Health Services
- Workplace Rehabilitation
- Physical Demands Analysis (JSA/PDA)
- Return To Work Planning and Monitoring

Vocational / Labour Market Re-entry

- Transferable Skills Analysis
- Workforce Re-entry Services
- Resume Development
- Psychometric Assessment
- Interview Preparation
- Coaching on Job Search

***Please provide recent medical documentation. Failure to do so may result in postponement of services.**

If you selected an assessment service, what question(s) do you want answered from the assessment?: _____

When an appointment is cancelled with less than 2 business days notice or there is a "no show" by the client, a cancellation fee will apply if the appointment time cannot be reassigned. Cancellation fees are approximately 50% of the fee associated with the service. By submitting this referral form you are agreeing that a cancellation fee may apply to this referral. Any questions can be directed to info@fitforwork.com.

Date: _____

Signature: _____