

Main Office
40 Powell Drive
Carbonear
A1Y 1A5

Bay Roberts
Main Highway

St John's
Harrington Building
120 Lemarchant Road

Referral Form

Client Name:	Referring Agency
Address:	Contact Person:
	Telephone:
	Fax:
Telephone :	Email
Date of Injury:	Billing Agency:
Employer:	Address:
Job Position:	Telephone:
Diagnosis:	Fax:

Services required:

Assessment Services :	Individual Exercise Program	Other Health Professional services:
Functional Capacity Evaluation	Postural assessment and retraining	Occupational Therapy
Targeted Functional Assessment	Active Individualized Exercise Program	Home Assessment /ADL assessment
Baseline Assessment	Core Stabilization	Wheelchair Prescription/ accessibility
Adjudication	PACE membership third party payer	Dietitian
Job Site Analysis	Employer Services :	Mental Health Counseling
Work Station Review	Targeted Functional Assessment	Vocational Assessment
Return to Work Programs:	Job Site Analysis	Career Planning Assessment
Clinic Based Occupational Rehab	Injury prevention workshops	Labour Market Re entry Assessment
Work Conditioning/Work Hardening	Pre employment Screening	Workforce Re entry
Worksite Occupational Rehab	Return to Work Program Design	Intelligence testing
Ease back monitoring	Legal Services:	Physiotherapy
Return to work program monitoring	Rehabilitation Consultation	Orthotics / Orthotic Footwear
Modified work identification	Independent Opinion	Infra red sauna

Specific question related to referral:

Fax form to : 709-596-1375

or email to : darlene@assessmentandtherapy.com