



**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**

**Client Information**

Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Claim No.: \_\_\_\_\_  
Diagnosis & Date of Injury: \_\_\_\_\_  
Treating Doctor: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_

**Referral Agent Information**

Referring Agent: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Billing Address & Contact: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Employment Services**

- Employment Medicals
  - MD     Nurse
  - Breath Alcohol     Drug Testing
  - Audiograms     Spirometry
  - Vision     ECG
- Medical Surveillance Program
- Physical Fitness / Job Functional Testing
- Injury Prevention Education
- Ergonomic Assessment
- Risk / Hazard Assessments
- Wellness Clinics / Vaccinations
- Case Management Services / Claim Adjudication
- Employee Assistance Programs

**Occupational Rehabilitation \***

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

**Vocational / Labour Market Re-entry**

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

**Disability Management \***

- Interdisciplinary Evaluation (specify assessors below)
- EMPOWER Multidisciplinary Assessment
- Multidisciplinary Treatment Program
- Independent Medical Exams
  - MD for Rehab Clarification     Orthopedic Surgeon
  - Chiropractic     Physiotherapy
  - Psychologist     Follow Up Previous To IME

**\*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?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In instances 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 35% 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: \_\_\_\_\_