



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

12A St. David's Avenue
Mt. Pearl, NL
A1N 1G8
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
- Ancillary Testing
 - 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 *

- EMPOWER Multidisciplinary Assessment
- Multidisciplinary Treatment Programs
- 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: _____