



Moving Towards Wellness Ltd.

Disability • Vocational • Return to Work

P.O. Box 1055 Clinton ON N0M 1L0
Tel: 519 482-7181 Fax: 519 482-3799

Email: mtw@hurontel.on.ca

Web: www.movingtowardswellness.ca

Referral Form

Upon receipt of your referral information, a representative of Moving Towards Wellness Ltd. will contact you within one business day.

This form is secured using industry standard encryption. This means any information given is securely sent to Moving Towards Wellness Ltd. This security is required to ensure compliance with the Personal Information Protection and Electronic Documents Act (IPEDA). If you have any questions or concerns, please email us at mtw@hurontel.on.ca or call.

Date:

Referring Agency (insurance company, law firm, industry)

Contact Name & Title

Company Name & Address

Telephone & Extension () Fax ()

Email Address

Client Information

Name

Address

Telephone & Extension () Fax ()

Email Address

Date of Birth Date of Claim

CLAIM NUMBER LEGAL FILE NUMBER

EXTENDED HEALTH INSURANCE No Yes INSURANCE CARRIER (if known)

SECTION 42 INSURERS EXAMINATION No Yes

Services Required - place an "x" beside the appropriate service(s)

- | | |
|--|---|
| <input type="checkbox"/> Catastrophic Case Management
ABI, SCI, Complex Orthopaedic, Amputation | <input type="checkbox"/> Medical & Rehabilitation Management
(Non-Catastrophic, Personal Injury) |
| <input type="checkbox"/> Discharge Planning | <input type="checkbox"/> Life Care Plan |
| <input type="checkbox"/> Adjustment Counselling (Social Work) | <input type="checkbox"/> Rehabilitation & Recreation Therapy |
| <input type="checkbox"/> Vocational Consulting and Assessments | <input type="checkbox"/> Return to Work Planning & Facilitation |
| <input type="checkbox"/> Ergonomic Assessments and Implementation | <input type="checkbox"/> Job Site Assessments with
Physical Demands Analysis |
| <input type="checkbox"/> Education (Lifestyle and Pain Management) | <input type="checkbox"/> Functional Capacity Evaluation |
| <input type="checkbox"/> Medical Information Review | <input type="checkbox"/> Training & Education Workshops |
| <input type="checkbox"/> In-Home Assessments | <input type="checkbox"/> Active Exercise Therapy Programs |
| <input type="checkbox"/> Assessment of Attendant Care | <input type="checkbox"/> Home |
| <input type="checkbox"/> Activities of Daily Living | <input type="checkbox"/> Community-Based |
| | <input type="checkbox"/> Aquatic Rehabilitation |

Additional Comments You Wish To Provide

Comments

Additional information will be collected when we contact you.

Your referral is complete. Please press the submit button below or print this form and fax to our confidential fax at (519) 482-3799. A representative from Moving Towards Wellness Ltd. will contact you within one business day. Thank you for your referral.