



# Metrics Vocational Services - Referral Form

Please email or Fax to:

[rehab@metricsvocational.ca](mailto:rehab@metricsvocational.ca) or 1-800-537-7867

## REFERRAL SOURCE INFORMATION

<b>Referral Source:</b>	<b>Contact Name:</b>
<b>Phone:</b> _____ <b>Ext:</b> _____	<b>Fax:</b> _____
<b>Email:</b> _____	<b>Other:</b> _____
<b>Preferred method of contact:</b> <input type="checkbox"/> Email <input type="checkbox"/> Phone	<b>Preferred Reporting Method:</b> <input type="checkbox"/> Email <input type="checkbox"/> SecureDocs <input type="checkbox"/> Fax
<b>Referral Contact Supervisor Name (if applicable):</b> _____	

## CLAIMANT / EMPLOYEE / PLAN MEMBER / CLIENT INFORMATION

<b>Policy / Claim #:</b>	<b>Certificate #:</b>
<b>Legal First Name:</b>	<b>Legal Last Name:</b>
<b>Preferred / Chosen First Name:</b>	<b>Preferred / Chosen Last Name:</b>
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X	<b>What are the Claimants Pronouns?</b> <input type="checkbox"/> She/Her <input type="checkbox"/> He/Him <input type="checkbox"/> They/Them <input type="checkbox"/> Not listed <i>please describe:</i>
<b>City:</b>	<b>Address:</b>
<b>Postal Code:</b>	<b>Date of Birth:</b> .
<b>Home Phone Number(s):</b>	<b>Cell Number(s):</b>
<b>Email:</b>	<b>Max STD Benefit Date:</b>
<b>Date of Loss/Disability:</b>	<b>COD Date:</b>
<b>Claim Type:</b> <input type="checkbox"/> LTD <input type="checkbox"/> STD <input type="checkbox"/> Other	<b>Commensurate Hourly Wage:</b>

## VOCATIONAL INFORMATION

<b>Pre-disability Occupation:</b>	<b>Occupational Goal:</b>
<b>Employer:</b>	<b>Employer Contact/Title:</b>
<b>Phone:</b> _____ <b>Ext:</b> _____	<b>Email:</b> _____

## SERVICE(S) REQUESTED (Check one or more)

<input type="checkbox"/> <b>Case Consultation</b> Pre-Referral Case Discussion (phone, virtual)	
<b>Vocational Rehab Case Management &amp; RTW Planning Services</b>	
<input type="checkbox"/> <b>Vocational Rehab Initial Assessment:</b> <i>When RTW readiness is not yet determined and/or no clear vocational goal is identified.</i>	
<input type="checkbox"/> <b>Return to Work Initial Assessment:</b> <i>When there is RTW readiness with a clear vocational goal.</i>	
<b>Medical Evaluation Services</b>	<b>Vocational Assessments</b>
<input type="checkbox"/> Virtual psychiatrist <input type="checkbox"/> Independent Medical Examination (IME) <input type="checkbox"/> Occupational Medicine <input type="checkbox"/> Addiction Medicine	<input type="checkbox"/> Standard TSA – RTW Ready <input type="checkbox"/> TSA + Functional Profile <input type="checkbox"/> TSA + FAE / FCE <input type="checkbox"/> TSA + Residual Earnings Capacity Review



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<input type="checkbox"/> Psychiatry <input type="checkbox"/> Physiatry <input type="checkbox"/> Rheumatology <input type="checkbox"/> Neuropsychology <input type="checkbox"/> Pharmacogenetics <input type="checkbox"/> Private diagnostic / specialist referral (provide details)	<input type="checkbox"/> TSA + Medical Validation <input type="checkbox"/> Labour Market Survey <input type="checkbox"/> Residual Earnings Capacity Review <input type="checkbox"/> Vocational Evaluation <input type="checkbox"/> Psycho-Vocational Evaluation <input type="checkbox"/> Psycho-Educational Evaluation
<b>Activation &amp; RTW Programming</b>	<b>COD Assessment Services</b>
<input type="checkbox"/> Metrics Activation Program (MAP) <ul style="list-style-type: none"> <li><input type="checkbox"/> 4 weeks</li> <li><input type="checkbox"/> 6 weeks</li> </ul> <input type="checkbox"/> RTW focused Work Hardening	<input type="checkbox"/> Pre-COD Review <input type="checkbox"/> Post-COD Review
<b>Employability Enhancement Services &amp; Training</b>	<b>Physical / Cognitive Assessment Services</b>
<input type="checkbox"/> Job Search Training Program <ul style="list-style-type: none"> <li><input type="checkbox"/> 4 session program (2 weeks)</li> <li><input type="checkbox"/> 8 session program (4 to 8 weeks)</li> <li><input type="checkbox"/> 8 session program (4 to 8 weeks) + Basic Computer Training</li> </ul> <input type="checkbox"/> Customized Computer Training & Monitoring <ul style="list-style-type: none"> <li><input type="checkbox"/> Basic</li> <li><input type="checkbox"/> Advanced</li> </ul> <input type="checkbox"/> Skills Development Training <ul style="list-style-type: none"> <li><input type="checkbox"/> GED</li> <li><input type="checkbox"/> Supervisory</li> <li><input type="checkbox"/> Sales</li> <li><input type="checkbox"/> Customer Service</li> </ul> <input type="checkbox"/> Work Preparation Support Program	<input type="checkbox"/> Functional Abilities Evaluations <ul style="list-style-type: none"> <li><input type="checkbox"/> Physical</li> <li><input type="checkbox"/> Cognitive               <ul style="list-style-type: none"> <li><input type="checkbox"/> Shortened</li> <li><input type="checkbox"/> Full</li> </ul> </li> </ul> <input type="checkbox"/> Functional Capacity Evaluations <ul style="list-style-type: none"> <li><input type="checkbox"/> Physical               <ul style="list-style-type: none"> <li><input type="checkbox"/> 1 day</li> <li><input type="checkbox"/> 2 day</li> <li><input type="checkbox"/> General</li> <li><input type="checkbox"/> Job Specific</li> </ul> </li> <li><input type="checkbox"/> Cognitive               <ul style="list-style-type: none"> <li><input type="checkbox"/> 1 day</li> <li><input type="checkbox"/> 2 day</li> <li><input type="checkbox"/> General</li> <li><input type="checkbox"/> Job Specific</li> </ul> </li> </ul> <input type="checkbox"/> Ergonomic Assessment <ul style="list-style-type: none"> <li><input type="checkbox"/> Virtual Home Office</li> <li><input type="checkbox"/> Industrial setting</li> </ul> <input type="checkbox"/> Work / Job Site Assessment <input type="checkbox"/> Permanent Accommodation Assessment
<b>Customized Request:</b>	

### SPECIAL INSTRUCTIONS

<b>Interpreter required:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>First Language:</b>
<b>Assessment to be conducted in:</b> <input type="checkbox"/> English <input type="checkbox"/> French	<b>Report to be written in:</b> <input type="checkbox"/> English <input type="checkbox"/> French



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### MEDICAL INFORMATION

<b>Primary Diagnosis:</b>		<b>Secondary Diagnosis:</b>	
<b>Family Physician:</b>		<b>Address:</b>	
<b>Phone:</b>	<b>Ext:</b>	<b>Fax:</b>	

### ADDITIONAL INFORMATION PERTINENT TO THE REFERRAL REQUEST

### HAVE YOU ENCLOSED? (Check all that apply)

<input type="checkbox"/> Relevant medical documents
<input type="checkbox"/> Job Description / Demands Analysis if available
<b><i>For TSA (Transferable Skills Analysis), Vocational Assessments and Psycho-Vocational Assessments please provide:</i></b>
<input type="checkbox"/> Commensurate hourly wage range
<input type="checkbox"/> Current physical &/or cognitive restrictions & limitations
<input type="checkbox"/> Education
<input type="checkbox"/> Employment history if available
<input type="checkbox"/> Resume
<input type="checkbox"/> Job description
<input type="checkbox"/> Physical Demands Analysis
<b><i>For Psychiatry Assessment please provide:</i></b>
<input type="checkbox"/> Family Physicians Name
<input type="checkbox"/> Family Physicians Phone Number
<input type="checkbox"/> Family Physicians Fax Number
<b><i>Has the claimant / employee / client / plan member been advised about this referral?</i></b>
<input type="checkbox"/> Yes <input type="checkbox"/> No

Please contact us if you have questions or require assistance. To send your referral form securely, please upload along with supporting documents using [SecureDocs](#).

Thank you for your referral.