

REFERRAL REQUEST

Please email to rehab@metricsvocational.ca

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	Or fax to 905-951-7582			
Referral Source				
Contact Name				
Phone / Email				
Service Requested	Case Consultation			
	Vocational Rehab Case Management & RTW Planning Services			
	Disability Management Services			
	COD Pathway Services			
	Metrics Activation Program (MAP) & Behavioural Services / Programs			
	Physical / Cognitive Assessment Services			
	Vocational Assessments			
	Employability Enhancement Training			
	Investigative, Medical & Legal Forensic Evaluation Services			
	Corporate & Stakeholder Training			
	Other (please specify below)			

CLAIMANT INFORMATION					
Name					
Gender		Date of birth			
Address					
Email address					
Home Phone		Cell Phone			
Is the Claimant aware of the purpose of this referral?					
Are they aware that a	a Metrics Vocational Reha	b Consultant will be cont	acting them?		
CLAIM DETAILS					
Claim # / Certificate #		Date of Disability			
Policy # / Group #		Change of Definition			
Claim Type		Max Benefit Date			
Commensurate Hourly	y Wage Range				
	EMPLOYM	ENT DETAILS			
What is the Occupational goal for this file?					
Complete this section for RTW OWN OCCUPATION goal					
Pre-disability		NOC#			
Occupation		NOC#			
Employer Name		Employer Contact Name			
. ,		, ,,			
Employer Phone		Employer Email			
Have you included a job description, PDA or CDA with the referral?					

Complete this section for RTW ALTERNATE OCCUPATION goal				
Education				
Training				
Work History				
Alternate				
Occupational				
Planning Directive				
(if applicable)				
Occupations to Consider				
(if applicable)				
Have you included a r	esume?			
	MEDICAL DETAILS			
Primary Diagnosis				
Primary Diagnosis				
Secondary Diagnosis				
Source of				
Restrictions & Limitations				
Lillitations				
Restrictions and Limitations				
(R/Ls)				
Additional				
medical details				
Have you included medical with the referral?				
	ADDITIONAL DETAILS			
Include any additional	cont relevant details portinent to the referrel			
Include any additional recent relevant details pertinent to the referral • Upcoming medical follow up / surgical / diagnostic dates				
Previous RTW history				
Employment factors Non-modical / influencing factors that could impact robab convises.				
 Non-medical / influencing factors that could impact rehab services 				