



## REFERRAL REQUEST

*Please email to [rehab@metricsvocational.ca](mailto:rehab@metricsvocational.ca)*

*Or fax to 905-951-7582*

<b>Referral Source</b>	
<b>Contact Name</b>	
<b>Phone / Email</b>	
<b>Service Requested</b>	<div><p>Case Consultation</p><p>Vocational Rehab Case Management &amp; RTW Planning Services</p><p>Disability Management Services</p><p>COD Pathway Services</p><p>Metrics Activation Program (MAP) &amp; Behavioural Services / Programs</p><p>Physical / Cognitive Assessment Services</p><p>Vocational Assessments</p><p>Employability Enhancement Training</p><p>Investigative, Medical &amp; Legal Forensic Evaluation Services</p><p>Corporate &amp; Stakeholder Training</p><p>Other (please specify below)</p></div>



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 resume?

#### MEDICAL DETAILS

Primary Diagnosis

Secondary Diagnosis

Source of  
Restrictions &  
Limitations

Restrictions  
and Limitations  
(R/Ls)

Additional  
medical details

Have you included medical with the referral?

#### ADDITIONAL DETAILS

Include any additional recent relevant details pertinent to the referral

- Upcoming medical follow up / surgical / diagnostic dates
- Previous RTW history
- Employment factors
- Non-medical / influencing factors that could impact rehab services