



Harbourside Rehabilitation Solutions

- Vocational Rehabilitation and Counselling
- Ergonomic Assessments
- Case Management
- Occupational Therapy Services

Confidential when complete.

CLIENT	Name:		Claim No.:
	Address:		Home Telephone:
	Work Telephone:	Date of Birth:	Date of Loss:
	Diagnosis:		

REFERRAL SOURCE	Name:		Title:
	Company:		Address:
	Phone:	Fax:	Email:

MEDICAL	General Practitioner:		Other Treatment Providers:
	Address:		
	Phone:		
	Fax:		

EMPLOYMENT	Occupation:	
	Employer:	Address:
	Contact Person:	Phone:

LAWYER	Name:	Firm:
	Address:	Phone:

SERVICE REQUEST	<input type="checkbox"/> Activity Re-activation Counselling <input type="checkbox"/> Complex Case Management/ Disability Management Consulting <input type="checkbox"/> Cognitive Demands Analysis (CDA) <input type="checkbox"/> Cognitive Rehabilitation Services/ Remedial Strategies <input type="checkbox"/> Cognitive Screening <input type="checkbox"/> Discharge planning <input type="checkbox"/> Ergonomic Assessment	<input type="checkbox"/> Job Site Analysis (JSA) <input type="checkbox"/> OT Home Visit/ In-home Functional Assessment <input type="checkbox"/> Pain Management <input type="checkbox"/> Task Assignment: Meet with client _____ Family Physician _____ Other _____ <input type="checkbox"/> Transferable Skills Analysis (TSA)/ Employability Assessment <input type="checkbox"/> Vocational Counselling <input type="checkbox"/> Other (please specify): _____
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Signature: _____

Date: _____

**Please print and fax to (902) 832-1810
P.O. Box 48118, Bedford, NS B4A 3Z2**