REFERRAL REQUEST

Email: **referrals@ot-works.com**

Phone: **604.696.1066** ext 1000

Fax: **604.648.8078**

Referral Information

|  |  |
| --- | --- |
| **Your Name\*** |  |
| **Your Email\*** |  | **Your****Phone\*** |  |
| Your Relationship to Client | * GP
 | * Lawyer
 | * Insurer
 | * Client/family member
 | * Other:
 |
| **Occupational Therapy Services Requested\*** | * Assessment (home / work / ergonomic)
* Rehabilitation: (choose one)
	+ Return to work
	+ Return to function
* Workplace accommodation
 | * Disability/Case management
* FCE (Functional Capacity Evaluation)
* CFC (Cost of Future Care assessment)
* PGAP (Progressive Goal Attainment Program)
* Other (specify):
 |
| Reason for Referral(why is OT needed?) |  |
| Are injuries from a MotorVehicle Accident? | * YES
 | * No
 |  |  |  |
| Contact Me for moreinformation | * YES
 | * No
 |  |  |  |

Client Information

|  |  |
| --- | --- |
| **Client Name\*** |  |
| **Client Email\*** |  | **Client Phone\*** |  |
| **Client Address\***(or City if known) |  |
| **Diagnosis/Injury\*** |  |
| PHN(Provincial Health Number) |  |
| Date of Loss |  | Date of Birth |  |

Billing Information

|  |  |
| --- | --- |
| **Same as Requestor? \*** | YES / NO(if No, please complete the fields below) |
| **Billing Contact Name** |  |
| **Billing Contact Email** |  | **Billing Contact Phone** |  |
| **Mailing Address\*** |  |
| Billing Contact FAX |  |
| Relationship to Client**\*** | * GP
 | * Lawyer
 | * Insurer
 | * Client/family member
 | * Other:
 |

ICBC Claim

ICBC requires a GP note recommending Occupational Therapy after an MVA. Please include the GP referral for timely service. If you have a lawyer, please provide contact information.

|  |  |
| --- | --- |
| **Client Claim / File #\*** |  |
| Lawyer Name |  | Lawyer Phone or Email |  |

\* = Required information. Please complete the fields indicate with a \* to the best extent possible Complete and return by e-mail: **referrals@ot-works.com**or by **Fax 604.648.8078**

**Questions?** Please call 604.696.1066 ext 1000 © 2025 OT Works! Ltd.