

CLIENT INFORMATION	
Name:	Date of Birth (MM/DD/YYYY):
Address:	
Home Phone:	Can a voicemail be left? <input type="checkbox"/> Yes <input type="checkbox"/> No
Cell Phone:	Can a voicemail be left? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email:	
Substitute Decision Maker (Parent, Guardian, POA):	
Relationship to Client:	Phone Number:
Emergency Contact:	Phone Number:

REFERRAL SOURCE	
Name:	Company:
Telephone:	Email:
Address:	
How did you hear about us?	

REFERRAL INFORMATION			
<input type="checkbox"/> Assessment:	<input type="checkbox"/> Psychological Assessment	<input type="checkbox"/> Psychoeducational Assessment	<input type="checkbox"/> Med-Legal Assessment
	<input type="checkbox"/> Neurocognitive Assessment	<input type="checkbox"/> Neuropsychological Assessment	<input type="checkbox"/> Other:
<input type="checkbox"/> Treatment:	<input type="checkbox"/> Social Work	<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Rehab Support Work <input type="checkbox"/> Other:
Available for virtual services? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for Referral:			
<input type="checkbox"/> MVA			
Please include any related documents including OCF-18s, reports, medical records, benefit booklets, etc.			
Date of Loss:	Injury: <input type="checkbox"/> MIG <input type="checkbox"/> Non-CAT <input type="checkbox"/> CAT	Claim #:	
Policy Holder (If not same as client):		Policy #:	
Insurance Company:		Adjuster:	
Telephone:	Ext:	Fax:	Email:
Address:			
Extended Health Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No		Insurance Company:	
Plan #:		Name of Plan Member:	
Policy #:		Member ID #:	
<input type="checkbox"/> WSIB			
Date of Accident:		Claim #:	
Case Manager:		Telephone:	
Nurse Consultant:		Telephone:	
Memo #:		Approved Services:	
<input type="checkbox"/> Veterans Affairs			
ID # / K #:			
Case Manager:		Telephone:	
<input type="checkbox"/> Private			
<input type="checkbox"/> Other			

ADDITIONAL INFORMATION

Please contact us with any questions!

Huntsville Office
 387 Muskoka Road 3 North, Huntsville, ON P1H 1C5
 Phone: (705) 787-7500 Fax: (705) 787-0698

North Bay Office
 432-101 Worthington Street East, North Bay, ON P1B 1G5
 Phone: (705) 492-1715 Fax: (705) 787-0698