

REFERRAL FORM

Please complete the form and forward with supporting documentation by email at admin@banyanconsultants.com or via fax to 416-588-9235

Referral Date:

Nature of Request: Regular Handling Rush Report (required in ___days)

Referral Source Information:

Referral Source Name:	<input type="text"/>	Title:	<input type="text"/>
Company:	<input type="text"/>		
Address:	<input type="text"/>		
City:	Province:	<input type="text"/>	Postal Code:
Telephone (Toll Free):	Direct Line:	<input type="text"/>	Fax:
Email:	<input type="text"/>		

Claimant Information:

Name:	<input type="text"/>	Telephone:	<input type="text"/>
Address:	<input type="text"/>		
City:	Province:	<input type="text"/>	Postal Code:
Email:	<input type="text"/>		
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: (dd/mm/yyyy)	<input type="text"/>

Employer Information:

Employer Contact Name:	<input type="text"/>	Position/Title:	<input type="text"/>
Company:	<input type="text"/>		
Address:	<input type="text"/>		
City:	Province:	<input type="text"/>	Postal Code:
Telephone (Toll Free):	Direct Line:	<input type="text"/>	Fax:
Email:	<input type="text"/>		
Employer not to be contacted	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Claim Information:

Claim Number:	<input type="text"/>	Policy Number	<input type="text"/>
Date of Disability:	<input type="text"/>	Occupation:	<input type="checkbox"/> Own <input type="checkbox"/> Any <input type="checkbox"/> Any from Outset <input type="checkbox"/> Regular
Primary Diagnosis:	<input type="text"/>		
Secondary Diagnosis:	<input type="text"/>		
Occupation:	<input type="text"/>		

<input type="checkbox"/> LTD	Change of Definition Date:	<input type="text"/>
<input type="checkbox"/> MTD		
<input type="checkbox"/> STD	Max Benefit Date:	<input type="text"/>
<input type="checkbox"/> Individual	<input type="checkbox"/> Salary Continuance/STD	
<input type="checkbox"/> Other:	Claim Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Eligibility Decision: <input type="checkbox"/> Yes <input type="checkbox"/> No
Monthly Benefit Amount:	<input type="text"/>	Commensurate Earnings: <input type="text"/>
		Other Coverage Amount: <input type="text"/>
Interpreter Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Language:	<input type="text"/>

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SERVICES FOR REFERRAL: *Choose one or more*

Rehabilitation Intervention

- Return to work planning and implementation
 - a. In Person Visit
 - b. Telephonic Handling
- Comprehensive Initial Assessment (Includes Vocational Assessment and Recommendations)
 - a. In Person Visit
 - b. Telephonic Handling
- Information Gathering Only (No Recommendations/ Vocational Opinion)
 - a. In Person Visit
 - b. Telephonic Handling

Employability / Vocational Services

- Transferable Skills Analysis *Telephone call can be made to claimant by assessor to secure any outstanding details required for TSA/Occ Profiles+?* Yes No
- Employability Training Plan
- Job Search Assistance and Monitoring
- Job Search Lite
- Job Search Training Program
- Labour Market Survey
- Occ Assist
- Occ Profiles+
- Psycho-Vocational Evaluation
- Vocational Evaluation
- Work Placement Program

Physical Assessment Services

- Cognitive Demands Analysis
- Functional Abilities Evaluation
- Living Care Benefits
- Cognitive Ability Evaluation
- One Day
- Two Day
- General
- General
- Ergonomic Assessment
- Job Specific (Include PDA)
- Job Specific (Include PDA)
- Work Demands (Physical) Analysis

Has assessor been authorized to go into place of work to conduct assessment? Yes No

Behavioural Services

- Chronic Pain Reactivation
- Mental Health Reactivation
- Work Ready CBT
- Work Place Facilitation
- Wellness Modules
 - Assertiveness & Self Confidence
 - Time Management
 - Stress Management
 - Work-Life Balance
 - Managing Workplace Anxiety

Medical Services / Other

- CPP/QPP
- PillCheck
- Independent Medical Assessment
- Stay at Work Program

Referral Request Specifics: (Claims Issues/Expectations/Desired Outcomes)

** For additional inquiries or information, please contact our administrative centre at the phone number below or by email at admin@banyanconsultants.com