

Human Resources &
Vocational Rehabilitation Services

REHABILITATION SERVICES

REFERRAL FORM

Print the form, fill it out, then fax it back to us.

Fax #: 204.775.7588

■ Referral Date / _____

■ Contact Person / _____

■ Address / _____

■ Telephone # / _____

■ Fax # / _____

■ Reason for Referral / _____

CLAIMANT INFORMATION

■ Name / _____

■ Claim # / _____

■ Address / _____

■ Telephone # / _____

■ DOB / _____

EMPLOYER INFORMATION

■ Contact Person / _____

■ Telephone # / _____

■ Pre-Disabled Income / _____

■ Occupation / _____

MEDICAL INFORMATION

■ Primary Physician(s) / _____

■ Telephone # / _____

■ Other Care Providers / _____

■ Telephone # / _____

■ Disabling Condition / _____

■ **Additional Medical and/or Relevant Information Attached?** Yes No

If you require HELP regarding our Form, contact us: Tel #: 204.775.7566 or Toll Free: 1.888.775.7566