Canada-Wide
MEDICAL ASSESSMENTS
Service First & Fast

Referring Company Information

Contact Name

Company

( ) Ext.

Telephone Number

( )

Fax Number

E-mail address

Services Required

- ☐ Ergonomic Work Site Assessment
- ☐ Functional Capacities Evaluation
- ☐ Independent Medical Examination/Insurer's Examination
- ☐ Job Site Analysis/ Physical Demands Analysis
- ☐ Neuropsycho-vocational Assessment
- ☐ O.T. In-Home Assessment with Form 1 - Yes or No
- ☐ Paper File Review
- ☐ Psycho-vocational Assessment
- ☐ Vocational Transferable Skills Analysis with Labour Market Survey – Yes or No

Diagnostic Testing

- ☐ MRI
- ☐ CAT Scan
- ☐ Doppler Evaluation
- ☐ Bone Scan

Speciality/Specialities Required

- ☐ Addiction Medicine
- ☐ Allergy and Immunology
- ☐ Cardiology
- ☐ Cardiovascular Surgery
- ☐ Chiropractic
- ☐ Dental & Oral Surgery
- ☐ Dentistry (TMJ)
- ☐ Emergency Medicine
- ☐ Endocrinology
- ☐ Ergonomics
- ☐ General Practice
- ☐ Geriatric Medicine
- ☐ Haematology
- ☐ Infectious Diseases
- ☐ Internal Medicine
- ☐ Kinesiology
- ☐ Nephrology
- ☐ Neurology
- ☐ Neuro-Ophthalmology
- ☐ Neuropsychiatry
- ☐ Neuropsychology
- ☐ Neurosurgery
- ☐ Obstetrics / Gynaecology
- ☐ Occupational Medicine
- ☐ Oncology
- ☐ Orthopaedic
- ☐ Ophthalmology
- ☐ Oral and Maxillofacial Surgery
- ☐ Otolaryngology (ENT)
- ☐ Paediatric
- ☐ Pain Medicine
- ☐ Physiatry
- ☐ Physiotherapy
- ☐ Plastic Surgery
- ☐ Podiatry
- ☐ Psychiatry
- ☐ Psychology
- ☐ Psychovocational
- ☐ Registered Massage Therapy
- ☐ Respirology
- ☐ Rheumatology
- ☐ Thoracic Surgery
- ☐ Vocational Assessments

Other _____

Other Services To Be Arranged

- ☐ Translator Language required _____
- ☐ Transportation
- ☐ Accommodation
- ☐ Would you like us to forward a "notification of appointment" letter to claimant and or legal representative?

Claimant Information

Last Name

First Name

Mailing Address

City

Province

Postal code

( ) Ext.

Telephone Number

Policy/Claim#

Date of Loss

Date of Birth

Claimant's Sex

When is appointment required?

Type of Claim

Type of Benefit

Legal Representative Information

Representative Name

Firm Name

Mailing Address

City

Province

Postal code

( ) Ext.

Telephone Number

( )

Fax Number

To schedule an evaulation please mail or fax completed form to:

Canada-Wide Medical Assessments Incorporated

2255B Queen Street East, Suite 835, Toronto, Ontario M4E 1G3

Telephone 1-888-840-2224 in Toronto (416) 694-6997 Fax (416) 694-7257