WRS Western Rehabilitation Specialists Inc.

PO Box 21050 Bower Place,
Red Deer, AB T4R 2M1
Telephone: 403.872.2537
Fax: 1-800-592-9919
E-mail: info@westernrehab.ab.ca

WESTERN REHABILITATION SPECIALISTS REFERRAL FORM

This form can be filled out, printed, and sent via fax to 800.592.9919, or saved and sent via Securedocs portal https://www.securedocs.ca/Portal.aspx?p=585 (no password required). For additional assistance, please call 403.872.2537.

REFERRAL SOURCE:

Date:					
Company Name:		Contact Person:			
Address:					
Telephone:		Fax:		Email:	

CLAIMANT INFORMATION:

Name:				Date of Birth:				
Address:				Type of claim: STD		LTD		Other
City& Postal Code:				Email:				
Telephone (home):		(cell):		Occupation:				
Date of Disability:				Change of Definition:				
Diagnosis/Injury:				Policy/Claim #:				
Medical Information:	Enclosed		To Follow	Pre-Disability Earning:				

Primary Care Provider:

Name:			
Address:			
Telephone:		Fax:	

Specialist/Other Treating Professional:

Name:			
Address:			
Telephone:		Fax:	

Employer Information:

Name:		Contact Name:			
Address:					
Telephone:		Fax:		Email:	

SERVICE REQUESTED:

Initial Assessment/ Home Visit		PGAP		Transferable Skills Analysis	
Ergonomic Assessment		Job Search		RTW Coordination	
Other (Please Specify)					

ADDITIONAL INFORMATION/ INSTRUCTIONS:

WRS Cancellation Policy: *cancellation with less than 24 hours' notice for in-person meetings is billed at 1 hour; no show is billed at 2 hours (plus travel if required).*