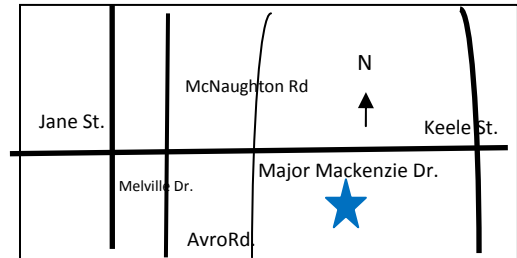


Referral Form



SPINEgroup
Clinical Care - Research - Consulting

Dr. Connie D'Astolfo, DC, *Clinical Director*
2563 Major Mackenzie Dr., Unit 10
Vaughan, Ontario, L6A 2E8
Tel: **905-553-SPINE** (7746) Fax: 905-553-7745
www.spinegroup.ca



Claimant Name: _____ Phone: (____) _____
D.O.B: ____/____/____ Address: _____
Case History _____

Clinical & Assessment Services

Clinical Programs:

- | | |
|---|--|
| <input type="checkbox"/> Spine Care
<input type="checkbox"/> Return to Work Rehabilitation
<input type="checkbox"/> Senior Spine Care | <input type="checkbox"/> Sensory Motor Rehabilitation
<input type="checkbox"/> Chronic Pain Management
<input type="checkbox"/> Senior Restoration |
|---|--|

Assessments & Medico-Legal Services:

- | | |
|---|--|
| <input type="checkbox"/> Independent Evaluations (Medical, Chiropractic, Physiotherapy, Psychological)
<input type="checkbox"/> Work Site Assessments
<input type="checkbox"/> In-Home Assessment
<input type="checkbox"/> Pre-Claim Examination
<input type="checkbox"/> Functional Abilities Evaluation
<input type="checkbox"/> Treatment Plan dispute
<input type="checkbox"/> Other: _____
<input type="checkbox"/> Psychological Testing | <input type="checkbox"/> Attendant Care/Form 1
<input type="checkbox"/> Application for Assessment/OCF-22
<input type="checkbox"/> PAF Disputes/OCF-22
<input type="checkbox"/> TBI/Catastrophic or Case Management
<input type="checkbox"/> Duplicate Treatment Plan Dispute
<input type="checkbox"/> Medical Malpractice Review
<input type="checkbox"/> Case/Paper Review |
|---|--|

Benefits to be addressed:

- Income Replacement Benefits
 Non-Earner Benefits
 Employed
 Caregiving
 Unemployed
 Housekeeping/Maintenance
 Post -104 Week Disability
 Medical/Rehab
 Other _____

Translator Required: Yes No Language Preference: _____
 Transportation Required: Yes No

Referring Party: _____ Phone: (____) _____
 Address _____ Fax: (____) _____

Signature: _____ Date: _____