



**SERVICE REQUEST FORM – AUTO INSURERS**

<b>Client Name:</b>		<b>Client Title:</b>	
<b>Company Name:</b>			
<b>Company Address:</b>			
<b>Phone:</b>		<b>Fax:</b>	
<b>Email:</b>			
<b>Assistant and/or other Contact Name:</b>		<b>Title:</b>	
<b>Phone:</b>		<b>Fax:</b>	
<b>Email:</b>			
<b>Examine Name: (Mr. Ms.) First:</b>		<b>Last:</b>	
<b>Examinee Address:</b>			
<b>Phone:</b>	<b>Alternate Phone:</b>	<b>Male:</b>	<input type="radio"/>
		<b>Female:</b>	<input type="radio"/>
<b>Date of Birth:</b>		<b>Date of Loss:</b>	
<b>Referring Party/Client File/Certificate/Policy No.:</b>			
<b>Nature of Injury/Diagnosis:</b>			
<b>Interpreter Required:</b>	<b>Yes</b> <input type="radio"/>	<b>No</b> <input type="radio"/>	
<b>Language:</b>			
<b>To be booked by Viewpoint</b>	<b>Yes</b> <input type="radio"/>	<b>No</b> <input type="radio"/>	
<b>Transportation Required:</b>	<b>Yes</b> <input type="radio"/>	<b>No</b> <input type="radio"/>	
<b>To be booked by Viewpoint</b>	<b>Yes</b> <input type="radio"/>	<b>No</b> <input type="radio"/>	
<b>Viewpoint to Contact Examinee for Scheduling:</b>	<b>Yes</b> <input type="radio"/>	<b>No</b> <input type="radio"/>	
<b>Legal Representative</b>	<b>Yes</b> <input type="radio"/>	<b>No</b> <input type="radio"/>	<b>If yes, please provide lawyers details:</b>
<b>Lawyers Name:</b>			
<b>Firm Name:</b>			
<b>Firm Address:</b>			
<b>Phone:</b>		<b>Fax:</b>	

<b>Service(s) Requested:</b>		
<input type="checkbox"/> <b>IME Independent Medical Examination</b>		
<input type="checkbox"/> <b>FCE Functional Capacity Evaluation:</b>	<input type="checkbox"/> <b>One day</b>	<input type="checkbox"/> <b>Two day</b>
<input type="checkbox"/> <b>FAME Functional &amp; Medical Evaluation</b>		
<input type="checkbox"/> <b>IPE Independent Psychiatric Evaluation</b>		
<input type="checkbox"/> <b>CFC Cost of Future Care</b>		
<input type="checkbox"/> <b>CRC Claims Review Committee</b>		
<input type="checkbox"/> <b>AIM Auto Injury Medical</b>		
<input type="checkbox"/> <b>JDA Job Demands Analysis</b>		
<input type="checkbox"/> <b>Multidisciplinary Services</b>		
<input type="checkbox"/> <b>Functional Work Evaluation</b>		
<input type="checkbox"/> <b>Multidisciplinary Services</b>		
<input type="checkbox"/> <b>In-Home Assessment</b>		
<input type="checkbox"/> <b>Neuropsychological Evaluation</b>		
<input type="checkbox"/> <b>Executive Summary</b>		
<input type="checkbox"/> <b>Diagnostic Testing</b>		
<input type="checkbox"/> <b>Office Meeting/Phone Consultation</b>		
<input type="checkbox"/> <b>Vocational Rehabilitation Evaluation</b>		
<b>Specific Consultant Request:</b>		
<b>Address the following:</b>		
<input type="checkbox"/> <b>Caregiving</b>	<input type="checkbox"/> <b>IRB's</b>	<input type="checkbox"/> <b>Diagnosis</b>
<input type="checkbox"/> <b>Attendant Care</b>	<input type="checkbox"/> <b>Causation</b>	<input type="checkbox"/> <b>Prognosis</b>
<input type="checkbox"/> <b>House Keeping</b>	<input type="checkbox"/> <b>Disability</b>	<input type="checkbox"/> <b>Treatment Recommendation</b>
<input type="checkbox"/> <b>Home Maintenance</b>	<input type="checkbox"/> <b>Impairment</b>	<input type="checkbox"/> <b>Barriers to Return to work</b>
<input type="checkbox"/> <b>Workplace Accommodations</b>		
<b>How would you like to receive confirmation of the assessment?</b>		
<b>Email</b> <input type="checkbox"/>		
<b>Fax</b> <input type="checkbox"/>		
<b>Phone</b> <input type="checkbox"/>		

**Please also prepare a letter of instruction outlining what issues you wish to be addressed in the report. Should you require any assistance in this area, please contact our offices.**

**Please fax your request to a central booking office.**

**VICTORIA**  
4420 Chatterton Way  
Suite 103 V8X 5J2  
Ph: 250-881-7885  
Fx: 250-881-7870

**VANCOUVER**  
1200 W. 73<sup>rd</sup> Ave  
Suite 606 V6P 6G5  
Ph: 604-267-9161  
Fx: 604-267-0002

**KELOWNA**  
437 Glenmore Rd.  
Suite 203 V1V 1Y5  
Ph: 250-860-1887  
Fx: 250-860-1359

**EDMONTON**  
11910 – 111 Ave.  
Suite 111 T5G 0E5  
Ph: 780-453-9047  
Fx: 780-455-2035

**CALGARY**  
9250 Macleod Tr. SE  
Unit 1 T2J 0P5  
Ph: 403-253-4272  
Fx: 403-253-7089

NATIONAL TOLL FREE: 1-888-505-0575

[www.viewpointmedical.ca](http://www.viewpointmedical.ca)