



**SERVICE REQUEST FORM – EMPLOYER & INDUSTRY**

<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>You are:</b> <b>HR Representative</b> <b>Occ Health Nurse</b> <b>Other: _____</b>			
<b>* Is this report being released to an occupational health professional      YES/NO</b>			

<b>Service(s) Requested:</b>		
<input type="checkbox"/> IME Independent Medical Examination		
<input type="checkbox"/> FCE Functional Capacity Evaluation:	<input type="checkbox"/> One day	<input type="checkbox"/> Two day
<input type="checkbox"/> FAME Functional & Medical Evaluation		
<input type="checkbox"/> IPE Independent Psychiatric Evaluation		
<input type="checkbox"/> CFC Cost of Future Care		
<input type="checkbox"/> JDA Job Demands Analysis		
<input type="checkbox"/> POET Post Offer Employment Testing - Medical		
<input type="checkbox"/> POET Post Offer Employment Testing - Functional		
<input type="checkbox"/> Multidisciplinary Services		
<input type="checkbox"/> Return to work - Medical		
<input type="checkbox"/> Post Offer Employer Testing – Medical		
<input type="checkbox"/> Functional Work Evaluation		
<input type="checkbox"/> In-Home Assessment		
<input type="checkbox"/> Neuropsychological Evaluation		
<input type="checkbox"/> Vocational Rehabilitation Evaluation		
<input type="checkbox"/> Document Review		
<input type="checkbox"/> Addendum		
<input type="checkbox"/> Office Meeting/Phone Consultation		
<input type="checkbox"/> Diagnostic Testing		
<b>Specific Consultant Requested:</b>		
<b>Address the following:</b>		
<input type="checkbox"/> Diagnosis	<input type="checkbox"/> Prognosis	<input type="checkbox"/> Workplace Accommodations
<input type="checkbox"/> Barriers to Return to Work	<input type="checkbox"/> Causation	<input type="checkbox"/> Disability
<input type="checkbox"/> Barriers to Convalescence	<input type="checkbox"/> Treatment Recommendations	<input type="checkbox"/> Impairment
<b>How would you like to receive confirmation of the assessment being scheduled?</b>		
Email	<input type="checkbox"/>	
Fax	<input type="checkbox"/>	
Phone	<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)