



**SERVICE REQUEST FORM – MEDICAL LEGAL**

<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>You are:</b>	<b>Plaintiff's Counsel</b> ___	<b>Defense Counsel</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>Transportation Required:</b> <b>Yes</b> <input type="radio"/>
<b>Language:</b>	<b>No</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>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>Trial date set: YES/NO Date:</b> ___	<b>Deadline for Report: YES/NO Date:</b> ___		
<b>Other Legal Representative</b> <b>Yes</b> <input type="radio"/>	<b>If yes, please provide lawyers details:</b>		
	<b>No</b> <input type="radio"/>		
<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"/> 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"/> CRC Claims Review Committee		
<input type="checkbox"/> Multidisciplinary Services		
<input type="checkbox"/> Neuropsychological Evaluation		
<input type="checkbox"/> Vocational Rehabilitation Evaluation		
<input type="checkbox"/> In-Home Assessment		
<input type="checkbox"/> Functional Work Evaluation		
<input type="checkbox"/> Ergonomic Assessment		
<input type="checkbox"/> Executive Summary		
<input type="checkbox"/> Diagnostic Testing		
<input type="checkbox"/> Court Attendance		
<input type="checkbox"/> Document Review		
<input type="checkbox"/> Addendum		
<input type="checkbox"/> Office Meeting/Phone Consultation		
<b>Specific Consultant Requested:</b>		
<b>Address the following:</b>		
<input type="checkbox"/> Caregiving	<input type="checkbox"/> IRB's	<input type="checkbox"/> Diagnosis
<input type="checkbox"/> Attendant Care	<input type="checkbox"/> Causation	<input type="checkbox"/> Prognosis
<input type="checkbox"/> House Keeping	<input type="checkbox"/> Disability	<input type="checkbox"/> Treatment Recommendation
<input type="checkbox"/> Home Maintenance	<input type="checkbox"/> Impairment	<input type="checkbox"/> Return to work
<input type="checkbox"/> Other		
<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)