

P.O. Box 99017 STONEY CREEK PO  
 Stoney Creek ON L8J1P0  
 T: (289)759-1091 F: (289)759-1092  
 julie@geronimo-ot.ca



## REFERRAL FORM

<b>Date of Referral:</b>	
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### CLIENT INFORMATION

Name:	
Date of Birth:	
Date of Accident:	
Address:	
Home Phone:	Cell Phone:
Email:	

### LIST OF INJURIES/DIAGNOSIS

### INSURANCE COMPANY

Name:	
Address:	
Claim number:	
Adjuster:	
Email:	
Work Phone:	Extension:
Fax number:	
Current Status (please check one)	<input type="checkbox"/> MIG (Minor Injury Guideline) <input type="checkbox"/> Removed from MIG <input type="checkbox"/> Catastrophic

### REFERRAL INFORMATION

Name:	
Address:	
Work Phone:	Extension:
Fax number:	
Email:	

### SERVICES REQUESTED

Please check all that apply	<input type="checkbox"/> <b>Form-1</b> <input type="checkbox"/> <b>OT Assessment</b> <input type="checkbox"/> <b>Rehabilitation Planning</b>
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### OTHER CURRENT SERVICE PROVIDERS

<b>Family Doctor:</b>	<b>T:</b>	<b>F:</b>
Other Providers:	<input type="checkbox"/> Case Manager: _____ <input type="checkbox"/> Physiotherapy: _____ <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> Chiropractor: _____ <input type="checkbox"/> Massage Therapy: _____