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Referral Form – Checklist

Central Intake Office

Toll Free Fax: 877-869-1870

Email: info@diversifiedrehab.ca

REFERRAL SOURCE:

Case Manager Name: Date:
Company: Phone:
Address: Fax:
City, Province, P/C: Email:

CLIENT INFORMATION:

Last Name: Claim/Policy#:
First Name: Date of Birth:
Address: Primary Language:
City, Province, P/C: Pre-Disability Occupation:
Phone #'s: Date of Disability:
Injury/Illness:

REFERRAL CONTEXT:

Vocational Services

- Initial Vocational Assessment
1 Point 2 Point
Worksite Integration (GRTW)
Transferable Skills Analysis (no LMA)
Employability Assessment (with LMA)
Comprehensive Employability Assessment
Psycho-Vocational & Employability Assessment
Career Re-Direction
Job Search Skills
Job Search Assistance
Resume (Stand Alone)
Training on the Job
Work Assessment / Work Experience

Psychological Services

- Neuro-Psychological Assessment
Neuro-Psychological Vocational Assessment
Psycho-Vocational Assessment
Cognitive Assessment
Interest and Aptitude Testing (GATB etc.)
Diagnostic Psychological Assessment
Return to Work Psychological Assessment
Psychological Counselling
CBT

Disability Management Services

- Independent Medical Examination
Independent Medical Review
Expedited Diagnostics
Expedited Surgery
Consensus Based Disability Management Audit
Disability Management Audit – Custom
Transitional Work Programs

Occupational Therapy

- 2-day Cognitive Functional Evaluation
Functional Capacity Evaluation 1 Day 2 Day
OT: Ergonomic Assessment / Job Site Assessment / Physical Demands Analysis
Home Assessment
Neuro-Occupational Rehabilitation
Pre-Placement
Cost of Future Care (Expert Opinion)
Community Activation Program

Alive Mental Health Programs – Kelowna, BC

- 5-Week Traumatic Stress Recovery Program (TSRP)
5-Week Mental Health Recovery Program (MHRP)
Resilient Mind Program (RMP)

Work Integration

- Work Integration & Conditioning Program

Notes:

Signature: Date: