PO BOX 61026 RPO GRANT PARK
WINNIPEG, MB R3M 3X8

APEX THERAPY SERVICES

## *REFERRAL FORM -*

Date of referral: ______________________

**Client information**:

Name: ______________________

Address: ______________________

Contact information (phone/email): ______________________

Contact person (if applicable): ______________________

Physician: ______________________

Other health care personnel involved: ______________________

Medical status/diagnoses (**please include any applicable restrictions and attach applicable documents): ______________________

______________________

**Funding source** (if available): ______________________

**Referral source** (name and business/clinic): ______________________

| Service(s) requested: | Check | Service(s) requested: | Check |
|---|---|---|---|
| Ergonomic/Workstation Assessment | | Physical Assessment (ROM, strength testing, mobility, fine motor skills, etc) | |
| Physical Demands Analysis | | Seating Assessment (e.g. wheelchair) | |
| Percentage of Duties Assessment | | Adaptive Equipment Assessment (home or workplace) | |
| Return-to-Work/Vocational Plan/Program | | Discharge Planning | |
| Personal Care Assessment | | School Assessment | |
| Housing/Accessibility Assessment | | Dependent/Care-Giver Assessment | |

| Cognitive Assessment (BrainFx or other) | | Cognitive Therapy | |
|---|---|---|---|
| Exposure Therapy | | Neuro Assessment/Therapy (e.g. ABI, Spinal Cord, etc) | |
| Mental Health Functional Assessment | | ADL (Activities of Daily Living)/Life-skills Therapy | |
| General Rehabilitation programming (can include physical, cognitive, and/or life-skills) | | Functional Capacity Evaluation (FCE) | |
| Permanent Impairment/Scar Assessment | | Functional Abilities Evaluation (FAE) | |

*Other services? Please specify below.*

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*Additional comments (e.g. timeline for assessment/report, etc):*

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****NOTE:***

***This form can be submitted via fax (204-221-8847), website, or mailed in confidence to Apex Therapy Services.***

Should you have any further questions regarding services, costs, etc of Apex Therapy Services, please contact the owner and Occupational Therapist, Mr. Russel Dyck O.T.Reg.(MB) at: 415-3973.