

## WORKERS' REHABILITATION CENTRE REFERRAL FOR ADMISSION

### CLAIMANT INFORMATION

NAME: _____	CLAIM #: _____
ADDRESS: _____	DATE OF ACCIDENT _____
TELEPHONE #: _____	EMPLOYER _____
DATE OF BIRTH: _____	OCCUPATION: _____
MEDICARE #: _____	IS CLIENT JOB ATT.? _____

### REFERRAL SOURCE INFO

CASE MANAGER: _____	Tel.#: If not a WorkSafeNB Case Mgr _____	Caution Flag <input type="checkbox"/>
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### ADMISSION INFORMATION

REQUESTED-ADMISSION DATE _____	RE-ADMISSION _____
URGENT ADMISSION _____	HOTEL REQUIRED _____
REASON FOR URGENCY _____	CLIENT'S LANGUAGE _____

DIAGNOSIS :	
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REASON FOR REFERRAL:	
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SPECIFIC GOAL / QUESTION	
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COMPLETED BY \_\_\_\_\_ DATE \_\_\_\_\_



1 Portland Street, PO Box 160  
 Saint John, NB E2L 3X9  
 Phone 506 632-2200  
 Toll-free 1 800 222-9775  
 Web www.worksafenb.ca

1, rue Portland, case postale 160  
 Saint John, NB E2L 3X9  
 Téléphone 506 632-2200  
 Sans frais 1 800 222-9775  
 Web www.travailsecuritairenb.ca

Claimant Name \_\_\_\_\_

Claim Number \_\_\_\_\_

Please mark the appropriate service(s) with an 'X'

**WORK RECOVERY**

**TEAM**

- Level as per Team's Discretion
- Multidisciplinary Consultation
- Stalled Return to Work
- Motivational Enhancement Therapy (MET) followed by Work Recovery Program  
Motivational Score: \_\_\_\_\_
- Traumatic Psychological Injuries
- Medium / Heavy
- Sedentary / Light
- Mild Traumatic Brain Injury (MTBI)
- Cumulative Trauma Disorder (CTD)
- Complex Regional Pain Syndrome (CRPS)/ Reflex Sympathetic Disorder (RSD)
- Team Re-assessment
- Opioid Reduction Screening
- Opioid Reduction **with** RTW Goal
- Opioid Reduction **without** RTW Goal
- Amputee Rehab

**EDUCATION**

- Understanding Safe Work Practices
- Transfer Class
- Understanding Pain
- Other \_\_\_\_\_
- Benefits of Exercise

**SINGLE DISCIPLINE SERVICE**

- Work Conditioning
- Medical Exam and transfer into Work Recovery if appropriate
- Physiotherapy
- Psychological Counselling
- Occupational Therapy
- Gradual Return to Work
- Independent Medical Examination
- Biofeedback
- Social Work Counselling
- Nutrition Counselling
- Medical Examination
- PPI
- T.E.N.S
- Chiropractic Consultation
- Mobility Assessments
- Other \_\_\_\_\_

**VOCATIONAL EVALUATION**

- Neuropsychological
- Ergonomic Evaluation
- Job Site Analysis: Enter Job Title, Contact Person & Phone #
- Psychological Assessment: Enter Type of Assessment
- Job Specific Evaluation: Enter Job Title, Contact Person & Phone #
- Physical Status
- Job Spec/General: \_\_\_\_\_
- General Capacity Evaluation
- Risk Factor Analysis
- Job Site Evaluation (with client): Enter Job Title, Contact Person & Phone #

UPI	_____ Entered	_____ Projected Admission Date	_____
Episode	_____ Scheduled	_____	_____