WORKSAFE TRAVAIL SÉCURITAIRE NB

1 Portland Street, P.O. Box 160
Saint John, N.B. E2L 3X9
Phone **506 632-2200**
Toll-free 1 800 999-9775
Fax 1 888 629-4722
Web worksafenb.ca

1, rue Portland, case postale 160
Saint John (N.-B.) E2L 3X9
Téléphone **506 632-2200**
Sans frais 1 800 999-9775
Télécopieur 1 888 629-4722
Web travailsecuritairenb.ca

WORKSAFENB'S REHABILITATION CENTRE
REFERRAL FOR SERVICE / SUPPLIES REQUEST

CLAIMANT INFORMATION

NAME:		CLAIM #:	
ADDRESS:			
TELEPHONE #:		DATE OF ACCIDENT:	
DATE OF BIRTH:		EMPLOYER:	
MEDICARE #:		OCCUPATION:	

REFERRAL SOURCE INFO

NAME:	Tel.#:

REFERRAL FOR SERVICE: ☐ SUPPLIES REQUEST: ☐ Only complete Supplies Required / Authorized

REASON FOR REFERRAL / GOAL:	
SUPPLIES REQUIRED / AUTHORIZED:	

SERVICE INFORMATION

URGENT ADMISSION:	○ Yes ○ No	RE-ADMISSION:	○ Yes ○ No
REQUESTED ADMISSION DATE (YYYY-MM-DD):		HOTEL REQUIRED:	○ Yes ○ No
CONTACT CASE MANAGER BEFORE BOOKING:	○ Yes ○ No	IS CLIENT JOB ATT?	○ Yes ○ No ○ Unknown
CLIENT'S LANGUAGE:		CAUTION FLAG:	☐

DIAGNOSIS:	

COMPLETED BY: _____ DATE: _____

WorkSafe Travail sécuritaire NB

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 select the appropriate service(s) with ☑ and select the option(s).

WORK RECOVERY

TEAM

☐ Work Hardening ○ Medium / Heavy ○ Shoulder ➡ ○ Sedentary / Light ○ Back ○ Unknown ○ Both ○ Motivational Enhancement Therapy (MET) - WITH Work Recovery	☐ Cumulative Trauma Disorders (CTD)
	☐ Complex Regional Pain Syndrome (CRPS) / Reflex Sympathetic Dystrophy (RSD)
	☐ Traumatic Psychological Injuries (TPI)
☐ Team Re-assessment	☐ Mild Traumatic Brain Injury (MTBI)
☐ Multidisciplinary Consultation – 3 day assessment with CM meeting to discuss treatment recommendations ○ Medium / Heavy ○ TPI ➡ ○ Sedentary / Light ○ CRPS ○ MTBI ○ CTD	☐ Opioid Reduction ➡ ○ With RTW Goal ○ Without RTW goal ➡ ○ Screening ○ Admission
☐ Stalled Return to Work (SRTW)	☐ Amputee Rehab

EDUCATION

☐ **Understanding Pain**	☐ Stress Management & Relaxation	☐ Leisure & Lifestyle
☐ **Understanding Safe Work Practices**	☐ Transfer Class	☐ CTD Series
☐ **Benefits of Exercise**	☐ Nutrition (since your injury)	☐ Restful Sleep

SINGLE DISCIPLINE SERVICE

☐ Work Conditioning	☐ Medical Exam	☐ Psychological Counseling
☐ Biofeedback	☐ Independent Medical Examination	☐ Social Work Counseling
☐ T.E.N.S	☐ PPI	☐ Nutrition Counseling
☐ Physiotherapy	☐ Medical Follow up	☐ Nursing Follow up
☐ Gradual Return to Work	☐ Motivational Enhancement Therapy (MET) – WITHOUT Work Recovery	☐ Mobility Assessment
☐ Home Care Allowance		☐ Technical Services
☐ Occupational Therapy	☐ TPI Assessment	☐ Other:
☐ Cognitive Rehabilitation	☐ File Review Type:	

VOCATIONAL EVALUATION

☐ Work Capacity Evaluation ○ Specific ➡ ○ General ○ Specific / General ○ Upper Extremity	☐ Psychological Assessment: Enter type of Assessment:	☐ Ergonomic Evaluation
	☐ Job Site Evaluation (with client): Enter Job Title, Contact Person & Phone #:	☐ Risk Factor Analysis
	☐ Job Site Analysis: Enter Job Title, Contact Person & Phone #:	☐ File Review Type:

UPI: _____ Entered: _____ Projected Admission Date: _____

Episode: _____ Scheduled: _____ Appointment Time: _____