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OMEGA MEDICAL REFERRAL FORM

Client

Last Name				First Name			
Address			Alternative Address (e.g., nursing home, hospital)				
Phone No.		Cell		Birthdate		Gender	
Email		Date of Loss		Language			
Guardian/Parent if under Age 18		Contact information:					
Substitute Decision Maker		Contact information:					
Special Needs	☐ Hearing impaired ☐ Wheelchair ☐ Scooter ☐ Literacy			☐ Visually impaired ☐ RSW/PSW - Attending ☐ Support Animal - Attending			

Legal

Firm		Firm Address	
Lawyer's Name		Email	
Clerk/Asst Name		Email	
Phone No.		Fax No.	
File No.		LAT/Court Ref No.	

Insurer

Company			
Adjuster Name			
Email			
Policy No:			
Claim No.			
Address			
Phone No.		Fax No.	
If Independent Adjusting Company	Principle Insurer Name Claim/Ref Number		

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ASSESSMENT SERVICES REQUIRED

☐ **Catastrophic Impairment OCF-19 Application** ☐ Single Discipline Assessment ☐ Multidisciplinary Assessment	☐ **Catastrophic Impairment Rebuttal** ☐ In-person Assessment ☐ Paper Review	☐ **Medical Legal – Accident Benefits/ TORT/Both** ☐ Single Discipline Assessment ☐ Multidisciplinary Assessment	☐ **Combination Catastrophic Impairment + Medical Legal** ☐ Single Discipline Assessment ☐ Multidisciplinary Assessment

☐ I'd like to book a call with Dr. Becker to discuss my options

SPECIALTIES

- ☐ Physiatry
- ☐ Neurophysiatry
- ☐ Orthopaedics
- ☐ Neurology
- ☐ Otolaryngology
- ☐ Gastroenterology
- ☐ Internal Medicine
- ☐ Endocrinology
- ☐ Urology
- ☐ Respirology
- ☐ Geriatric Medicine
- ☐ Dentistry
- ☐ Optometry
- ☐ Ophthalmology
- ☐ Chronic Pain
- ☐ Oncology
- ☐ Neuropsychology
- ☐ Psychology (In-Person/Virtual)
- ☐ Psychiatry
- ☐ Neuropsychiatry
- ☐ Occupational Therapy
- ☐ Physiotherapy
- ☐ Kinesiology
- ☐ Speech Language Pathology

☐ Other _____

TREATMENT RELATED SERVICES

- ☐ Physiatry Assessment for Treatment Planning
- ☐ Neurophysiatry Assessment for Treatment Planning
- ☐ Neurology Assessment for Treatment Planning
- ☐ Physician Assessment for Completion of OCF-3
- ☐ Physician MIG Assessment
- ☐ Neuropsychology Assessment for Treatment Planning
- ☐ Psychology Assessment for Treatment Planning
- ☐ Psychology MIG Assessment
- ☐ Occupational Therapy Assessment – Attendant Care with Form 1
- ☐ Future Care Costs Analysis
- ☐ PGAP (Progressive Goal Attainment) Treatment Program

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OTHER ASSESSMENT SERVICES

- ☐ Psychovocational Assessment
- ☐ Neuropsychovocational Assessment
- ☐ Vocational Assessment
- ☐ Functional Abilities Evaluation
- ☐ Transferrable Skills Evaluation
- ☐ Job Site Analysis
- ☐ Driving Assessment
- ☐ Disability Assessment (LTD)
- ☐ WSIB Tribunal Medical Review

DIAGNOSTIC SERVICES

- ☐ SPECT/MRI Brain
- ☐ X-Rays
- ☐ Electromyography Testing (EMG)
- ☐ Pulmonary Function Testing
- ☐ Vestibular Testing
- ☐ Hearing Testing
- ☐ Visual Field Testing
- ☐ Other

Special instructions/notes: