



IOHS

Integrated Occupational Health Services

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Client Name:	Referring Agent:
Address:	Agency:
	Telephone #:
Telephone #:	Billing Agent:
Date of Injury:	
Claim #:	Treating Physician:
Diagnosis:	Date Last Worked:
	Date of Birth:
Is the client medically cleared to return to work?	YES ____ NO ____
Are there any medical restrictions? (Specify)	
Pre-injury Employer: _____ Contact Person: _____	
Occupation: _____ Telephone: _____	
Is the client's pre-injury employment available?	YES ____ NO ____ UNCERTAIN ____
If not, is alternate employment available?	YES ____ NO ____ UNCERTAIN ____
What questions do you want answered from this referral?	
SERVICE: (please check one)	
<ul style="list-style-type: none"> 1. <input type="checkbox"/> Functional Capacity Evaluation 2. <input type="checkbox"/> Functional Screening Assessment 3. <input type="checkbox"/> Job Match 4. <input type="checkbox"/> Functional Back Evaluations 5. <input type="checkbox"/> Pre-employment Screening 6. <input type="checkbox"/> Job Site Analysis 7. <input type="checkbox"/> Ergonomic Workstation Review 8. <input type="checkbox"/> Ergonomic Risk Analysis 9. <input type="checkbox"/> Home Demands Analysis 10. <input type="checkbox"/> Work Hardening 	<ul style="list-style-type: none"> 11. <input type="checkbox"/> Modified Work Hardening Program 12. <input type="checkbox"/> Work Conditioning 13. <input type="checkbox"/> Enhanced Fitness Program 14. <input type="checkbox"/> Education/Ergonomic Consultation 15. <input type="checkbox"/> Back Injury Prevention Program 16. <input type="checkbox"/> Functional Hand Assessment and Customized Splints 17. <input type="checkbox"/> Foot Assessment and Customized Orthotics 18. <input type="checkbox"/> Medical-Legal Consultation 19. <input type="checkbox"/> Other (describe service requested)
<p>Please provide all recent medical documentation. Please add any other additional information you feel is of benefit.</p> <p>Date: _____ Signature: _____</p>	

DEFINITION OF SERVICES:

1. Functional Capacity Evaluation

An assessment of the client's general work tolerances. It provides clear information about the client's maximum functional abilities, e.g., lifting, carrying, sitting, standing, etc.

2. Functional Screening Assessment

A directed screening of a client's activity tolerances for job specific demands based upon the nature of his or her injury.

3. Job Match

Matches the job demands and the client's abilities and limitations.

4. Functional Back Evaluation

Establishes a baseline of back functioning.

5. Pre-Employment Screening

Matches the bona fide occupational requirements of the job and the client's physical tolerances.

6. Job Site Analysis

An objective on-site assessment of the physical demands of a specific job, school site, or workstation.

7. Ergonomic Workstation Review

Identifies any ergonomic risk factors in the workplace which could contribute to increased symptoms for a specific client.

8. Ergonomic Risk Analysis

Analysis of the ergonomic risks associated with job tasks and work conditions of a specific job.

9. Home Demands Analysis

A standardized objective analysis of the client's abilities to perform homemaking tasks.

10. Work Hardening

A daily individualized treatment program focused on physical reconditioning, workplace tolerance build-up and work simulation.

11. Modified Work Hardening Program

A program designed for higher functioning clients requiring more intensive return to work/job simulation over a shorter time frame.

12. Work Conditioning

Increases a worker's ability for sustained participation in activity.

13. Enhanced Fitness Program

An individualized exercise therapy program developed and monitored by our kinesiologist.

14. Education/Consultation

A variety of education sessions and/or consultation services.

15. Back Injury Prevention Program

An individualized injury prevention program focusing on patient-handling techniques relevant to the client and job situation.

16. Functional Hand Assessments and Customized Splints

A detailed assessment of hand function performed by an occupational therapist. Customized splinting services are provided, if required.

17. Foot Assessments and Customized Orthotics

A detailed foot and gait analysis is performed and customized orthotics, if required, are fabricated by our occupational therapist.

18. Medical-Legal Consultation

Consultation to lawyers and insurance companies on issues relating to occupational therapy.