APPIAN WAY REHABILITATION INC REFERRAL FORM

Please help us in our efforts to expedite the referral process by providing as much of the following information about your client/patient as possible. We would also welcome more in-depth documents or summaries, whether formal or informal (e.g. medical, psychological or other reports).

This patient is being referred for:

Exposure Program _____

Driver Competency Assessment _____

Client Information

Name: _____ Date of Birth: _____

Address: _____ Postal Code: _____

Telephone: primary/cell ( ) _____ work ( ) _____

Email: _____

Diagnosis / reason for referral: _____

Onset / MVC date: _____

Client Medical History

Please circle **Y**es, **N**o, or **U**nknown. If yes please describe or attach information

Will this client present with

1. Visual impairments? (Y/N/U) _____
2. Auditory impairments? (Y/N/U) _____
3. Cognitive impairments? (Y/N/U) _____
4. Orthopedic concerns? (Y/N/U) _____
5. Other physical or psychological concerns? (Y/N/U) _____

Has this client suffered from previous traumas that we should know about?

_____

_____

Is this client taking medications that could affect safe motor-vehicle operation? Please list:

_____

_____

APPIAN WAY
REHABILITATION INC

T 905 407 9933 | E office@appianway.ca | appianway.ca

Do you have any other concerns for your patient in completing an in-home assessment, on-road assessment, or in entering into a desensitization program as a driver, passenger, or pedestrian?

_____

_____

_____

Insurance Information

Insurance Company Name: _____

Street Address: _____

City, Province, Postal Code: _____

Insurance Adjuster's Name: _____

Phone Number: ( ) _____ Fax Number: ( ) _____

Claim Number: _____ Policy Number: _____

Referrer Information

Referring Agency Name: _____

Street Address: _____

City, Province, Postal Code: _____

Referring Agent Name (including title and designations): _____

Phone Number: ( ) _____ Fax Number: ( ) _____

Referrer Signature: _____ Date: _____

Thanking you for your referral,



Jeff McKay, B.A. (spec. Hons), DT, DCA
Owner of Appian Way

APPIAN WAY
REHABILITATION INC

T 905 407 9933 | E office@appianway.ca | appianway.ca