



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)	
1. __ Functional Capacity Evaluation 2. __ Targeted Functional Assessment 3. __ Job Match 4. __ Pre-employment Screening 5. __ Case Management 6. __ Job Site Analysis 7. __ Ergonomic Workstation Review 8. __ Ergonomic Risk Analysis/Adjudication Assessment 9. __ Home Demands Analysis 10. __ Clinic Based Occupational Rehabilitation (Work Hardening)	11. __ Worksite Occupational Rehabilitation 12. __ Enhanced Fitness Program 13. __ Education/Ergonomic Consultation 14. __ Back Injury Prevention Program 15. __ Functional Hand Assessment and Customized Splints 16. __ Progressive Goal Attainment Program (PGAP) 17. __ Mental Health Return to Work Services 18. __ Medical-Legal Consultation 19. __ Future Cost of Care Assessment 20. __ Other (describe service requested) _____
Please provide all recent medical documentation. Please add any other additional information you feel is of benefit.	
Date: _____ Signature: _____	

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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. Targeted Functional 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. Pre-Employment Screening**
Matches the bona fide occupational requirements of the job and the client's physical tolerances.
- 5. Case Management Services**
Coordination of services and interventions required to facilitate optimal recovery.
- 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/Adjudication Assessment**
Analysis of the ergonomic risks associated with job tasks and work conditions of a specific job. An Adjudication Assessment addresses specific job demands in relation to signs and symptoms reported by worker.
- 9. Home Demands Analysis**
An individualized home based assessment of the client's needs in terms of mobility, personal care, homemaking and everyday living needs.
- 10. Clinic-Based Occupational Rehabilitation (Work Hardening)**
An individualized clinic-based treatment program focused on physical reconditioning, workplace tolerance build-up and work simulation. (Previously referred to as Work Hardening/Work Conditioning)
- 11. Worksite Occupational Rehabilitation**
A highly structured, worksite-based program that is goal-oriented individualized. The program is designed to improve/restore physical and functional capabilities (previously referred to as easeback monitoring, return to work program...etc.)
- 12. Enhanced Fitness Program**
An individualized exercise therapy program developed and monitored by our kinesiologist.
- 13. Education/Consultation**
A variety of education sessions and/or consultation services.
- 14. Back Injury Prevention Program**
An individualized injury prevention program focusing on patient-handling techniques relevant to the client and job situation.
- 15. Functional Hand Assessments**
A detailed assessment of hand function performed by an occupational therapist. Customized splinting can be provided.
- 16. Progressive Goal Attainment Program**
A ten week activity mobilization program to address persistent pain conditions and their negative impact on rehabilitation.
- 17. Mental Health Return to Work Services**
Assessment and return to work services for individuals who have mental health problems.
- 18. Medical-Legal Consultation**
Consultation to lawyers and insurance companies on issues relating to occupational therapy.
- 19. Future Cost of Care Assessment**
An assessment that will quantify the extra future expenses that the client will incur as a result of his/her injuries.