PLEASE CALL 902-404-3888 SHOULD YOU REQUIRE ASSISTANCE

CDHA REFERRAL FORM

Referral Date: ______________________
(dd/mm/yyyy)

Primary Contact:
Suite 219 North
130 Eileen Stubbs Ave
Dartmouth NS B3B 2C4
p. 902.404.3888
f. 902.422.0547

Halifax Clinic Locations:
5991 Spring Garden Road
70 Lacewood Drive
1949 Upper Water Street

Dartmouth Clinic Locations:
18 Acadia Street
650 Portland Street
130 Eileen Stubbs Avenue

EMPLOYEE INFORMATION *(please print clearly or type)*

Name: ______________________ ☐ M ☐ F DOB: ____________
Last Name *First Name* *dd/mm/yyyy*

CDHA site: ☐ QEII ☐ VG ☐ DGH ☐ NSH ☐ CCHC
☐ ECFH ☐ TOMH ☐ ESMH ☐ MVMH ☐ HCH

Work Location: ______________________
Building *Department* *Floor* *Unit*
NS
Street *City/Town* *Province* *Postal Code*

Employee Phone #: ____________ Job Title: ____________

Employee Work Status: ☐ Working (regular duties) ☐ Working (transitional duties) ☐ Absent

OCC HEALTH CONTACT & REFERRAL INFORMATION

Contact Name: ______________________ Phone #: ____________

Organization: CDHA Job Title: ____________ Fax #: ____________

Reason for Referral: ______________________

Primary Complaint: ______________________
☐ N/A

Co-morbid Condition(s): ______________________
☐ N/A

MANAGER CONTACT & INVOICING INFORMATION

(Name of Mgr must appear on all invoices. Invoices and reports sent to OH unless referred directly by Mgr. Mgr's mailing address is required if referral made by Mgr)

Mgr Name: ____________ Mgr Dept: ____________

Mgr Phone #: ____________ Mgr Fax #: ____________

Mailing Address: ______________________ NS
For Report & Invoice Street City Province Postal Code

SERVICE REQUESTED: *(check all that apply)*

☐ Ergonomics Assessment
☐ Job Site Analysis
☐ Functional Capacity Evaluation: ☐ 1-Day ☐ 2-Day
☐ Functional Scan
☐ Job Match Assessment
☐ Physiotherapy Assessment
☐ Other:

CARF Accredited

USE THIS SPACE FOR SPECIFIC QUESTIONS, ADDITIONAL COMMENTS AND/OR FURTHER INFORMATION

Please note: LifeMark Health can assist you in determining the best service options for this employee based on the additional information that you provide.

LIFEMARK HEALTH USE ONLY

Helping People Reach Their Potential

If you have any questions please contact the Assessment Services Coordinator
(902) 404-3888 or toll free (800) 665-9947