



File Assessment / Request for Services

Altius Rehabilitation Group

965, 105 - 150 Crowfoot Crescent N.W.

Calgary, Alberta

T3G 3T2

Telephone (403) 208-6455

Fax: (403) 208-1820

Referral Source

File Supervisor Name:		Company:
Mailing Address:		
Phone:	Fax:	E-mail:

Claimant Information

Name:		
Mailing Address:		
Phone:	DOB:	Account File Number:
Occupation:	Education (if applicable):	
Pre-disability earnings:	Weekly/Monthly Benefits:	
Date of Disability:	LTD commenced:	
Diagnosis:		
Attending Physician(s):		
Phone:	Fax:	

Employer Information

Employer Name:		
Mailing Address:		
Contact:	Phone:	Fax:

General Information

Purpose of referral:	
Rehabilitation Action/Comments:	
Contact: <input type="checkbox"/> Client <input type="checkbox"/> Employer <input type="checkbox"/> Physician	
Rehabilitation Consultant:	<input type="checkbox"/> Call File Supervisor prior to contacting claimant <input type="checkbox"/> Provide verbal update after initial visit, before report <input type="checkbox"/> Pertinent file information not attached, will follow
Altius File Number:	Date: