

Request for Services ~ Progressive Goal Attainment Program (PGAP™)



Altius Rehabilitation Group Inc.

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Referral Source

File Supervisor Name:		Company:
Mailing Address:		
Phone:	Fax:	Email:

Claimant Information

Name:		
Mailing Address:		
Email:		
Telephone: Cell phone:	DOB:	Policy Number: EE ID Number:
Occupation:	Employer:	
Job Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Education (attach copy of résumé if possible):	
Pre-disability Earnings:	Gainful Earning Level:	
Date of Disability:	LTD Commenced:	
Diagnosis/RTW Restrictions and Abilities:		
Treatment Providers:		

General Information

Purpose of referral: PROGRESSIVE GOAL ATTAINMENT PROGRAM (PGAP™)	
GOAL: <input type="checkbox"/> RTW own ER/own occupation OR <input type="checkbox"/> RTW goal is _____ <input type="checkbox"/> Add Volunteer Work Program	
Additional Comments/Information:	
Requested Start Date:	
Altius File Number:	Date: