

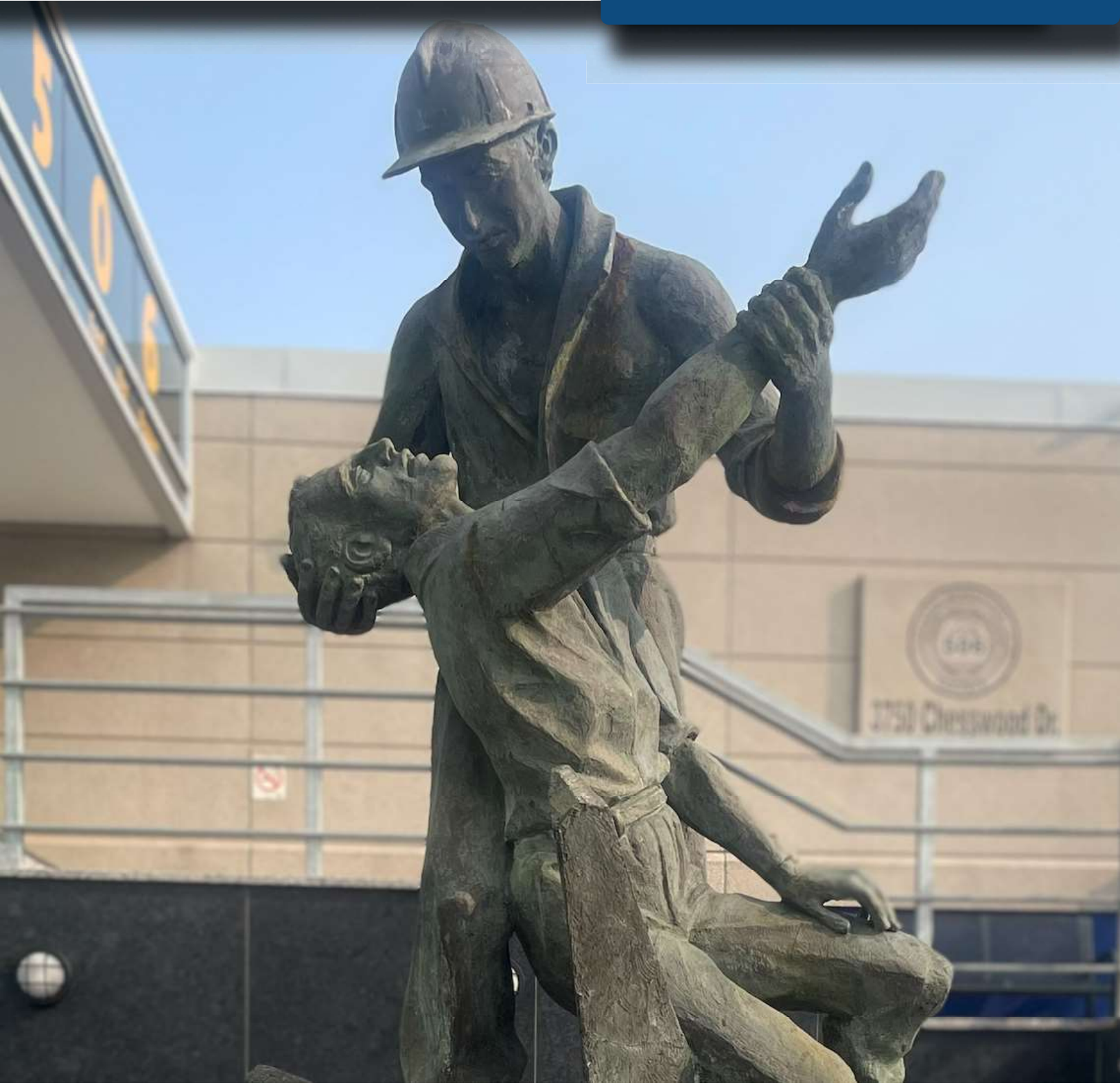
LiUNA!care

LOCAL 506 TM

BUILDING HEALTHY FUTURES

Labourers' Union Local 506
Members Benefit Trust Fund
ACTIVE MEMBERS

SHORT TERM DISABILITY



Short Term Disability Benefits

If you become disabled while covered because of either an illness or accidental injury that is non-occupational and you cannot perform your job duties, you may be entitled to short term disability benefits

What are the eligibility requirements?



- You must be a member with plan coverage on the date your disability started
- You must be actively at work on the date you become disabled - if you are laid-off, on vacation, unemployed, or not working for any other reason you are not eligible for this benefit



- Employer contributions must have provided your plan coverage on the day you become disabled - if your plan coverage was being maintained through self-payments at the onset of your disability, you are not eligible
- You must be under age 65 at the onset of the disability



- Your disability must be a result of a non-occupational illness or injury - If the injury or medical condition that prevents you from working was caused by work, you must file a claim with the Workplace Safety & Insurance Board (WSIB) - We can assist you with your WSIB application
- If your disability was caused by or contributed by a motor vehicle accident, this is excluded, and you are not eligible for this benefit

- There are several other exclusions and limitations – please refer to the benefit plan booklet



- You must be seen by, treated by, and be under the continued care of a licensed physician in Canada
- You must be diagnosed with a bona-fide medical condition which prevents you from working and performing your pre-disability job duties



- You must be absent from work for more than 7 days (waiting period) to receive this benefit, unless
 - your disability was a result of a non-occupational accident - then the waiting period does not apply, or
 - you were hospitalized for at least 18 hours - then benefits start on the first day of hospitalization.

How to apply for short term disability benefits?

1. Ensure you meet the eligibility requirements for this benefit listed above
2. Complete and sign the **Member Statement** (Page 1) of the Application for Short Term Disability Benefits
3. Ensure your employer completes the **Employer Statement** (Page 2) or obtain the **Record of Employment (ROE)** issued by your employer after you stopped working
4. Ensure the physician overseeing your medical care completes the **Attending Physician Statement** (Page 3)
5. Obtain an ROE from your employer and apply for **Employment Insurance (EI) Sickness Benefits**
6. All three (3) sections of the Application Package are required to begin assessing your claim
7. Return the completed application to LiUNAcare Local 506 Member Health Management Services by



Email: healthservices@liunacare506.com



Mail: **3750 Chesswood Drive, Suite 1 | Toronto, Ontario | M3J 2W6**



Fax: **416-240-7047**



Questions: Email or call us at **416-240-4555**

Short Term Disability Benefits

How does short term disability work?



- Once we receive your completed application, a Member Health Management Services representative will review your application to determine whether you meet the eligibility requirements for this benefit
- If approved, short term disability benefits are payable at \$638 per week, less tax withholdings. If your disability arose prior to April 1, 2022, this benefit is payable at \$400 per week, less tax withholdings



- If you signed-up for direct deposit via eClaims, short term disability payment(s) will be automatically deposited into your bank account via electronic fund transfer. If you have not registered yet, see page 6
- Physician fees incurred during the initial application process may be eligible for reimbursement up to a maximum of \$50, if the claim is approved



- Short term disability benefits are integrated with Employment Insurance (EI) Sickness benefits - you are required to apply for this benefit
 - while EI benefits are payable, short term disability benefits are frozen
 - if you do not qualify for EI, short term disability benefits payments will be issued during this period provided you submit supporting documentation of your ineligibility for EI benefits



- If approved, and based on the details of your disability, short term disability benefit payments commence on the earliest of the following
 - the first day absent from work if the disability is a result of an accident, or
 - the first day of hospitalization over 18 hours, or
 - the end of the EI period



- During your disability from work, a Member Health Management Services case manager will work with you and your treatment providers to monitor your progress, ensure access to appropriate medical care, and coordinate plan benefits and services to promote your recovery until you are fit to return to work



- In order to remain eligible for short term disability benefits, you must
 - remain disabled from working and performing the essential duties of your pre-disability job,
 - remain under the continued care of a licensed physician in Canada,
 - be compliant with all aspects of your treatment plan including attending all recommended assessments, investigations, and treatments recommended by your physician and/or your treatment providers,
 - communicate regularly with your Member Health Management Services case manager and comply with any necessary requests required for the ongoing assessment and management of your claim,
 - participate in modified return to work plans when available and suitable, and
 - immediately notify us of your return to work in any capacity, receive any employment income, or if there is any change in your ability or availability to work, or if you intend to travel outside Canada



- Short term disability benefits are payable until you
 - return to full-time work or return to any work for pay or profit,
 - are deemed fit to return to your pre-disability job,
 - attain age 65, or
 - reach the maximum benefit duration of 52 weeks of disability (inclusive of the EI period)



- If you return to work but sustain a subsequent disability, a new claim must be filed if you return to work
 - four weeks before becoming disabled due to the same or related cause, or
 - one week before becoming disabled due to a different and unrelated cause.

Member Health Management Services

How does long term disability work?



- If short term disability benefits end, you are under age 65, and you remain totally disabled, you may be eligible for long term disability (LTD) benefits offered through the benefit plan. Prior to the end of the short term disability period, Member Health Management Services will provide you an application for LTD benefits and assist you with the application process.

Our Services



- Your health matters! At LiUNAcare Local 506, we're always looking for new ways to service our members better. Member Health Management Services is your one-stop destination for support on all matters relating to disability, workers' compensation, and other medical benefits and services to get you back to health.
- Our team is comprised of disability management specialist and health professionals trained to ensure members receive medical care focused on recovery and return to work. In addition to helping you access short term and long term disability benefits, and workers' compensation benefits, Member Health Management Services staff work with you in developing a personalized plan and coordinating appropriate plan benefits and services on an expedited basis.
- Refer to the next pages for a list of plan benefits and services available to eligible members and dependents.

Maintaining your benefit coverage while on disability



- Should your coverage terminate because you are unable to work due to disability, you have the option to continue your coverage by making self-payments to the Local 506 Members Benefit Trust Fund as follows:
 - Monthly payments in the amount of \$75 plus 8% RST, for a total of \$81 per month
 - While receiving disability benefits, you have the option to make self-payments for a maximum of 12 consecutive months provided you remain in good standing with LiUNA Local 506
 - Self-payments must be made within 31 days of termination of your coverage and must be made on a continuous basis. Retroactive self-payments will not be accepted
 - You will only be eligible to make a maximum of 3 self-payments at any given time and post-dated cheques are not accepted
 - After the initial 3 months, LiUNAcare Local 506 will confirm that you are still in good standing and you continue to be in receipt of the disability benefits
 - While making self-payments you are entitled to the same benefits you enjoyed while you were employed except for certain benefits, please refer to the benefit plan booklet
 - The Trustees may adjust the self-payment amount from time to time.
- For more information refer to the benefit plan booklet, visit liunacare506.com, or contact Member Services at **416-506-8841** or info@liunacare506.com.

Other Important Information



- Payment of monthly Union dues is your responsibility to remain in good standing
- Speak to the Labourer's Pension Fund for guidance on pension matters at 289-291-3663 or at 1-866-932-1100. Disability Pension Benefits will not affect your entitlement to short term disability benefits
- Depending on the nature of your condition, speak to your physician about Canada Pension Plan (CPP) disability benefits. CPP disability benefits will not affect your entitlement to short term disability benefits. If you have any questions regarding the application process, Member Health Management Services can help.

Plan Benefits & Services

The following benefits and services are available to you to promote recovery and return to health. In order to be eligible, you must have plan coverage or maintain plan coverage through self-payments. The eligibility and benefit provisions set out below are general and for information only. Please visit liunacare506.com or refer to the [Benefits Booklet](#).



vCare Virtual Healthcare | liunacare506.com

Avoid visits to walk-in clinics and emergency rooms for non-emergency issues with the vCare Virtual Healthcare platform. vCare allows members and dependents to connect instantly with a healthcare provider for primary health concerns via secure text and face-to-face video, 24/7. Virtual follow-ups, prescription refills, specialist referrals, and lab requisitions offered with no travel time, no wait time, and no parking or transportation costs.



QuikCare Expedited Assessments | 1-844-900-8357 (24/7 helpline)

Wait times can be 8 months to see a specialist and 3 months for diagnostic tests. QuikCare provides members and dependents access to expedited assessments if placed on a wait list or the appointment is more than 21 days away. Specialists included: orthopaedic, cardiology, neurology, neurosurgery, general surgery, rheumatology, dermatology, respirology, endocrinology, ear nose & throat, ophthalmology, gastroenterology, urology, gynecology, and podiatry. Diagnostic tests: MRIs, CT scans, ultrasounds, endoscopies, and colonoscopies. Physician referral is required.



QuikCare Expedited Surgeries | 1-844-900-8357 (24/7 helpline)

Expedited access to surgical procedures is now available to further reduce wait times and get you back to health sooner. Procedures include musculoskeletal and orthopaedic surgeries and general surgeries such as cataract, hernia, gallbladder, and ear nose & throat. This benefit is available to members only. A specialist referral is required.



Health Care Navigation | 1-866-883-5956

Access to Nurses to help you navigate through the healthcare system and providing a single point of contact during your treatment. Services include answering questions regarding tests and treatment options, ensuring access to appropriate treatment, facilitation of diagnostic tests, alternate treatment locations, clinical trials, coordinating doctor-to-doctor consultations, and coaching on how to improve quality of care and management of your condition.



Cancer Assistance | 1-866-599-2720

Access to Oncology Nurses to help cancer patients navigate through the healthcare system by ensuring medical best practices are observed, providing expert assessment of treatment approaches, answering patient questions regarding tests and treatment options, and helping reduce the physical and emotional impact of cancer.



MyConsult Second Opinion | clevelandclinic.ca

Do you have questions regarding your diagnosis? Through the secure web platform, members and dependents can submit their health information, records, and test results to a medical expert who will review and help you make an informed decision about your diagnosis and treatment plan and provide alternatives and second opinions.



Health Coaching | enroll.e-coaching.ca

A confidential one-on-one coaching and support program for those dealing with diabetes, obesity, and cardiovascular issues, including high blood pressure and high cholesterol, who want to focus on weight management and nutrition. Registered Dietitian or Certified Diabetes Educators work with you in creating a personalized meal plan based on your unique circumstances with regular follow-ups and coaching sessions to help you achieve your goals.



Self-Help-Works | liuna506.com/selfhelpworks

Make lifestyle goals a reality with this online program that combines principles of cognitive behavioural therapy and health coaching to help you break-through barriers and tackle smoking, weight, diabetes, alcohol consumption, physical activity, restoring sleep, and reducing stress.

Plan Benefits & Services



mHealth Virtual Mental Health Program | liunacare506.com

This virtual mental health program has been designed to improve mental health resilience and well-being through specialized psychological treatment or cognitive behavioural therapy. Treatment options for a broad range of conditions including but not limited to stress, anxiety, depressions, and panic disorders. Mental health assessment tool and resources available to improve and achieve mental health wellness. Available to members and dependents.



Life Journey Member & Family Assistance Program (MFAP) | vCare Mobile App | 1-800-254-7223

Confidential counselling services offered to members and dependents through the vCare app or by phone to tackle a variety of issues including stress, anxiety, depression, bereavement / grief, addiction, family / marital / relationship issues, elder care, and other personal matters such as health, nutrition, life balance, and legal and financial assistance.



QuikCare Addiction and Substance Use Treatment | 1-844-900-8357 (24/7 helpline)

A program to help members with addictions and mental health disorders. Immediate access to residential inpatient treatment overseen by a team of addiction physicians and psychiatrists. This program utilizes medical withdrawal management and evidence-based therapeutic modalities to guide members towards the path of recovery and relapse prevention. Locations in Toronto and Peterborough. An 8-week in-person or online intensive outpatient program is also available if residential treatment is not required. This benefit is available to members only.



Substance Management & Recovery Treatment (SMART) | try.alavida.co/liuna506

Virtual and confidential counselling program designed to help you tackle your relationship with alcohol or other substances. Whether you are looking to cut back, regain control, or quite this program offers treatment options and supports from a team of doctors and therapist specialized in addiction to guide you towards a healthier lifestyle.



Opioid Outpatient Program | 1-877-937-2282 | canatc.ca/locations

Canadian Addiction Treatment Centres (CATC) - the largest addiction treatment provider in Canada - offers Local 506 members priority access to in-person and virtual addiction treatment for those suffering from opioid-use disorder. If you or a loved one are struggling with opioid addiction, contact CATC to learn more about treatment, schedule an initial assessment with a designated physician, or visit their website for your nearest clinic (walk-ins are welcome).



Paramedical Benefits - Mental Health Practitioners | liunacare506.com | 416-240-7487 | info@liunacare506.com

Members and eligible dependents may be reimbursed for mental health practitioner services such as clinical psychologists, psychoanalysts, psychotherapists, or social workers up to a maximum reimbursement of \$100 per visit with an overall combined benefit of \$1,500 per calendar year. You can use your Member Advantage Benefit Card to reduce out-of-pocket expenses, provided your practitioner is registered for electronic claim submission (e-claims).



Paramedical Benefits - Health Practitioners | liunacare506.com | 416-240-7487 | info@liunacare506.com

Members and dependents may be reimbursed for health practitioner services such as chiropractic, physiotherapy*, massage therapy*, osteopath, occupational and athletic therapy up to a maximum reimbursement of \$60 per visit (\$100 for physiotherapy) with an overall combined benefit of \$1,500 per calendar year. All practitioners must be licensed and registered with their college. Use your Member Advantage Benefit Card if registered for eClaims. * MD referral required



Hospital Cash - if you are admitted to a hospital for at least three consecutive days, you and your eligible dependent may be eligible for a maximum daily benefit \$150 per day up to a maximum of 120 consecutive days

Critical Illness - if diagnosed with 1 of the eligible conditions, members may be eligible for a benefit payment up to \$25,000

Permanent & Total Disability Accident | Accidental Death & Dismemberment | Life Insurance | + other benefits

EFT – Electronic Funds Transfer

Registering for Direct Deposit

Already registered for eClaims and Direct Deposit?



If your claim has been approved and you are eligible to receive short term disability benefits, payments will be automatically issued via EFT to the bank account you authorized on the Application for EFT Direct Deposit form. To access your payment history and explanation of benefits, log into eClaims, click on *History* and look for *Weekly Indemnity*. To submit claim documentation via eClaims, look for *supporting documents* and upload the document.

How to Register for eClaims

Download the **LiUNAcare Local 506 eClaims app** from the *App Store* or *Google Play* and follow the registration instructions. Make sure you have your **Member Benefit Card** handy as you will be asked to provide your *group number* (the first 6 digits of your card) and *certificate number* (the remaining 10 digits). You can also check out a short instructional ‘how-to’ video at www.liunacare506.com.



If you prefer to register online - go to www.liunacare506.com, look for the **eClaims** link and follow a few simple steps. Once registered, you will also have access to your disability claim payment history and explanation of benefits through the **eClaims** mobile app. You also have the ability to submit claim documentation securely through eClaims.

How to Register for Direct Deposit

Complete the attached **Application for EFT (CAD) Direct Deposit** form in full and return to us via



Email: info@liunacare506.com



Fax: 416-506-8833



Mail: 3750 Chesswood Drive - Suite 1, Toronto, ON, M3J 2W6

What if I choose not to register for eClaims and direct deposit?

If eligible, you will receive short term disability benefit payment(s) via cheque.



APPLICATION FOR EFT (CAD) DIRECT DEPOSIT

Send to: LiUNAcare Local 506 | 3750 Chesswood Drive, Suite 1 | Toronto, ON M3J 2W6
 P: 416.506.8841 | F: 416.506.8833 | w: www.liunacare506.com | e: info@liunacare506.com

A. Member Information (Please Print)

First Name		Last Name	
Address		Date of Birth (mm/dd/yy)	
City	Province	Postal Code	
Union ID		Country	
Email Address		Telephone No.	
		Cell No.	

B. Account Information

Account Holder Name(s):					
Transit No:	Bank No:	Account No:			

New Authorization

Change to Existing Authorization

C. Authorization

I/We Acknowledge that this agreement is provided for the Benefit of the "Payee" and "Processing Institution" and is provided in consideration of the Processing Institution agreeing to process credits into the Account with the Processing Institution in accordance with the Rules of the Canadian Payments Association (the "CPA Rules").

By signing this agreement, I/We request my/our benefits to be paid through electronic funds transfer (direct deposit) into this account. This authorization may be cancelled at any time upon written notice by me/us. I/We warrant and guarantee that the Person(s) whose signature(s) is/are required to sign on the Account have signed the Agreement.

Note: If only one signature is required for this account, then only one Payee is needed to sign. However, if two or more signatures are required, then both or all payees *must* sign.

Payee Signature: _____

Payee (2) Signature: _____

Date: _____

Date: _____

Please complete, print, sign, and return by email to info@liunacare506.com **OR** fax at 416.506.8833

MEMBER STATEMENT

All three (3) sections of this application must be completed, signed, and submitted to initiate your claim for Short Term Disability benefits:

1. Member Statement
2. Employer Statement (or Record of Employment) completed by your pre-disability employer
3. Attending Physician Statement completed by the Physician overseeing your care

If any section of this application is not completed or portions are not answered fully, the assessment of your claim may be delayed. You are required to apply for Employment Insurance (EI) Sickness Benefits as Short Term Disability benefits are not payable during the period payable by EI benefits.

Member Information

Last Name		First Name	Union ID Number
Address			Date of Birth (mm/dd/yyyy)
Town/City	Province	Postal Code	Telephone Number
Email Address			Cell Phone Number

Absence Information

Job Title	Last day worked (mm/dd/yyyy)	First day absent from work due to medical condition
Return to work date	Expected return to work date	Is your condition due to an accident? <input type="checkbox"/> No <input type="checkbox"/> Yes
Accident date	Is this due to a motor vehicle accident? <input type="checkbox"/> No <input type="checkbox"/> Yes	Is the injury or medical condition work-related? <input type="checkbox"/> No <input type="checkbox"/> Yes

Describe the nature of your medical condition and/or how the accident occurred (time, location, activity being performed at time of injury)

Have you applied for or are you receiving any of the following Benefits?

Employment Insurance (EI) Benefits	<input type="checkbox"/> Applied	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Workplace Safety & Insurance Board (WSIB) Benefits	<input type="checkbox"/> Applied	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Motor Vehicle Accident Insurance Benefits	<input type="checkbox"/> Applied	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Canada Pension Plan (CPP) Disability Benefits	<input type="checkbox"/> Applied	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Any other Disability or Income Continuation Benefits	<input type="checkbox"/> Applied	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied

During your absence, will you be working or receiving income from another employer or self-employment?

No Yes, Describe

Member Declaration & Authorization for Release of Information

I certify that the information presented is true, correct, and complete. I understand that for the duration of this claim, I must immediately notify LiUNAcare Local 506 Member Health Management Services of my return to work in any capacity, my receipt of any employment income, and any change in my status as it relates to my ability to work or entitlement to Short Term Disability Benefits. LiUNAcare Local 506 is administered by Benefit Plan Administrators Limited (BPA) on behalf of the Labourers' Union Local 506 Members Benefit Trust Fund. I hereby authorize BPA, administrators of the Labourers' Union Local 506 Members Benefit Trust Fund, and its subsidiaries, to collect, use, and exchange any and all information and documentation requested by BPA regarding or relating to my medical or mental health condition for the purpose of assessing and managing my claim for short term disability benefits and access to other benefits and services provided by the Labourers' Union Local 506 Members Benefit Trust Fund. This includes authorizing any physician, health care professional, hospital, public or private institution, my employer(s), and Union to provide to BPA any information required for the assessment or management of my claim for short term disability benefits. I authorize BPA to share with TeksMed Services Inc., third party provider, any and all information collected for the purpose of coordinating diagnostic scans and/or specialist consultations if placed on a medical wait list greater than 21 days, should I be eligible for this benefit. I authorize TeksMed Services Inc. to release the results of my diagnostic scan(s) and/or specialist consultation(s) to BPA for the assessment and management of my claim for short term disability benefits. I authorize BPA to share with CAREpath, third party provider, any and all information collected for the purpose of providing me individualized nurse case management and health care navigation services should I be eligible for this benefit. I also authorize BPA to share with my Long Term Disability Insurer any and all information and documentation collected should I be eligible for Long Term Disability benefits. All personal information will be treated in a highly confidential manner. It is understood that this authorization is valid from the date hereof through my return to work. This authorization may be withdrawn at any time upon receipt of written notification to BPA. I confirm that a photocopy or electronic copy of this authorization shall be as valid as the original. By signing below, I consent to the collection, use, and disclosure of my personal information as stated above.

Member Signature	Date
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EMPLOYER STATEMENT

LiUNAcare Local 506 Member Health Management Services is responsible for reviewing medical absences to assess eligibility to Short Term Disability benefits offered through the Labourers' Union Local 506 Members Benefit Trust Fund and coordinating other plan benefits and services to assist Members in their recoveries and return to work. Please complete the following information in full and return directly to the Member or send to LiUNAcare Local 506 Member Health Management Services via fax at 416-240-7047 or email at healthservices@liunacare506.com. Please attach any additional information to help us understand the Member's absence, work duties, or physical demands of the job.

Member Information

Member's Last Name	Member's First Name	Union ID Number
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Employment Information

Date of hire (mm/dd/yyyy)	Date of hire (mm/dd/yyyy)	Date of hire (mm/dd/yyyy)
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Member's Normal Work Schedule:

Day of Week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours							

Number of hours normally worked per week:

Provide a description of the Member's work duties or attach a job description or physical demands assessment

Last day worked	First day absent from work	Actual or expected return to work Date
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Reason for work absence

Medical
 Lay-Off
 Dismissed
 Medical
 Lay-Off
 Dismissed
 Medical

Has the Member received pay after the last day worked?	If yes, provide final day paid
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Was the Member recalled back to work but unable due to medical reasons?	If yes, provide date of recall
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Are modified duties available?	Are modified hours available?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Declaration

I certify that the above information is true, correct, and complete.

Employer Contact Name	Title
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Employer	Telephone
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Employer Signature	Date
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Please complete and return this form to:

LiUNAcare Local 506 Member Health Management Services
 3750 Chesswood Drive - Suite 1 | Toronto, ON | M3J 2W6
 Fax: 416-240-7047 | Email: healthservices@liunacare506.com

ATTENDING PHYSICIAN STATEMENT

LiUNAcare Local 506 Member Health Management Services is responsible for reviewing medical absences to assess eligibility to Short Term Disability benefits offered through the Labourers' Union Local 506 Members Benefit Trust Fund. Please complete the following information in full and return directly to your patient or return to us via fax at 416-240-7047 or email at healthservices@liunacare506.com. Please attach any additional information regarding the nature or extent of the patient's medical status or absence from work. Any fees associated with the completion of this form is the responsibility of the patient.

Patient Information

Patient's Last Name	Patient's First Name	Date of Birth (mm/dd/yyyy)
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Medical Information

Date symptoms first appeared (mm/dd/yyyy)	Date symptoms first appeared (mm/dd/yyyy)	Date symptoms first appeared (mm/dd/yyyy)
Is the condition a result of an accident? <input type="checkbox"/> No <input type="checkbox"/> Yes	Is the injury or condition work-related? <input type="checkbox"/> No <input type="checkbox"/> Yes	Is the condition a result of a motor vehicle accident? <input type="checkbox"/> No <input type="checkbox"/> Yes

Primary Diagnosis

Secondary Diagnosis and/or Complications

Functional Abilities - current physical and cognitive abilities

Hospitalization <input type="checkbox"/> No <input type="checkbox"/> Yes	Admittance Date	Discharge Date
Surgery <input type="checkbox"/> No <input type="checkbox"/> Yes	Surgery Type	Date
Specialist <input type="checkbox"/> No <input type="checkbox"/> Yes	Name/Type	Pending <input type="checkbox"/>
Diagnostics <input type="checkbox"/> No <input type="checkbox"/> Yes	Type	Date
		Pending <input type="checkbox"/>

If currently on a wait list for specialist consult or a diagnostic assessment attach requisition so we may coordinate service on an expedited basis

Treatment Plan - therapies, tests/investigations, referrals, specialty programs

Medications - name, dosage, and frequency

Compliance Yes No, describe

Patient not competent to manage own affairs

Prognosis & Return to Work goals - If patient fit to return to work with modifications, provide recommendations for return (restrictions, days per week, hours per day)

Next assessment date	Frequency of visits	Actual or estimated return to work date
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Please attach any additional information that would give us a better understanding of the patient's condition, treatment needs, and abilities

Declaration

I certify that the above information is true, correct, and complete.

Physician's Name	Telephone Number
Physician's Address	Fax Number
Physician's Signature	Date