



# REQUEST FOR SERVICE

Date of Referral:

**INDEPENDENCE  
INCORPORATED**

Rehab & Return to Work  
Consulting Services Inc.

Please feel free to download our PDF fillable service request form, complete, print and fax to our attention at 204-478-6677. Please note that we do not store any personal information on our website and we do not use cookies. Clear your computer's cache after each use of the Independence Incorporated Request for Service Form. Each time you access the internet, your browser automatically saves a copy of the web pages you've visited. Clearing the computer's cache after every form session is an important step towards keeping your personal information safe.

Client Information		Referral Source Information	
Name:		Company:	
Date of Birth:	Date of Injury:	Referred By:	
Claim number:		Telephone:	
Employer Address:		Fax:	
City:	Province:	Postal:	Email:
Telephone:	Email:	Address:	
Employer Information		City:	
Company:	Address:	Province:	
Position:	Contact Name:	Postal Code:	
Phone:	Email:		

## Medical / Rehab Treatment Providers

Name	Address	Phone

## Nature of Injury/Illness:

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<b>Medical reports enclosed?</b>	<b>YES</b>	<b>NO</b>
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## Service(s) requested

External Case Management	Job Demands Analysis	Vocational Rehab Assessment (1, 2 & 3 point assessments available – call to dis-
Personal Care Needs Assessment	Ergonomic Assessment	Transferable Skills Analysis (TSA)
Rehabilitation Coordination	Return to Work Coordination	Labour Market Survey (LMS)
Counseling	Impairment Assessment	Resume Preparation / Interview Coaching
PGAP (Progressive Goal Attainment Program)	Home Assessment	Job Search Assistance

204 - 90 Garry Street. Winnipeg, Manitoba R3C 4H1

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