



REFERRAL FORM MEDICAL LEGAL CLIENTS

EMAIL TO: medlegalreferrals@cirahealth.ca | T: 1.844.511.3839

Confidential Referral Form – Medical Legal Clients

* Mandatory field

REFERRAL SOURCE INFORMATION

Law Firm*

Plaintiff Counsel* Yes No Defense Counsel* Yes No

Address* * Only necessary to complete if this is your first referral to us Unit Number

City* Province Postal Code*

Lawyer's First Name* Lawyer's Last Name*

Assistant's First Name* Assistant's Last Name*

Phone* Fax #* Email Address*

Date of Loss* MM/DD/YYYY File/Reference Number*

MVA Yes No Other: (Please indicate)

EXAMINEE INFORMATION

First Name* Last Name*

Sex* Male Female Date of Birth* MM/DD/YYYY

Address* City*

Province* Postal Code* Phone*

INSURANCE COMPANY (Please check if not available)

Tort Insurer*

Accident Benefit Insurer*

FILE DESCRIPTION

Diagnoses/Injuries*

Due Date of Report* MM/DD/YYYY Trial Date & Duration if Applicable

How many pages of medical documents will you be sending? _____ pgs

How will you send the documents? Email Fax Courier Post



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REQUESTED ASSESSMENTS

Physical Assessments – Medical File Review or In-person Examination

- Anesthesiology, Dermatology, Hematology, Neurology, Oral Surgery, Plastic Surgery, Speech Language Pathology, Combined FME, Anesthesiology, Audiology, Endocrinology, Infectious Disease, Neurosurgery, Oncology, Physiatry, Thoracic Surgery, Audiology, Cardiology, Gastroenterology, Internal Medicine, Occupational Medicine, Otolaryngology (ENT), Respiriology, Urology, Cardiology, Chiropractic, General Surgery, Immunology, Orthopedic Surgery, Pediatrics, Rheumatology, Vascular Surgery, Chiropractic, Dentistry, General Practitioner, Neuro-Ophthalmology, Ophthalmology, Physiotherapy, Social Worker, Other Specialty, Dentistry

Psychological / Psychiatric Assessments

- Neuropsychology, Forensic Psychiatric Workplace Assessment, Psychiatry, Psychology

Functional & Vocational Assessments

- Job Site Analysis (JSA/PDA), Vocational, Functional Abilities Evaluation (FAE/FCE), Vocational with TSA & LMS, Ergonomic Assessment, Psychovocational, Other

Diagnostic Imaging

- Bone Scan, CT Scan, MRI, X-ray, Other

IF OCF-18 REQUIRED (Please check if not applicable)

Insurer, Adjuster, Claim Number, Policy Number, Policy Holder, Insurer Address, Adjuster Phone, Other Insurance, OCF 3 on File? Yes No

ADDITIONAL SERVICES TO BE ARRANGED BY MDAC

Teleconference (TC) Between Lawyer and Assessor? Yes No, IF YES, please note: TC's are booked at the end of the scheduled IE for the claimant., Name of Lawyer*, Phone # of Lawyer for assessor to call*, Transportation* Yes No, Ground Air, From To, Translation Required* Yes No, Language, Accommodation Required* Yes No, Instructions

Please note that transportation and translation services will be arranged by MDAC at no additional administrative cost. An invoice from the transportation and/or translation company will be sent directly to the referral source for payment.



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PLEASE NOTE:

Letter of Instruction (LOI) – Please submit this to us no later than 10 days before the scheduled assessment date to ensure we are able to provide the assessor all the pertinent information and details. The LOI can be forwarded to documents@cirahealth.ca

Medical Documents – The medical documents are required in full no later than 10 days before the scheduled assessment date to ensure we are able to provide the assessor all the pertinent information and details. The medical documents can be forwarded to documents@cirahealth.ca

Any additional instructions for Cira after the original request has been confirmed should be added to this referral form and sent to medlegalreferrals@cirahealth.ca. You will be advised if the additional request is subject to additional fees.