

Occupational Medicine Referral

Last Name:	First Name:		DOB:	Age:
Address:	City:	Province:	PHN:	Sex:
Postal Code:	Home Phone:		Work Phone:	

Name:	PRACID #:	Family Physician:
Phone:	Signature	
Fax:		

Consultation Request

□ Dr. Muhammad Tahir Naseem, MD, MSc, FRCPC	D, MSc, FRCPC
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Reason for Alberta Health Referral

□ Fitness to Work	□ Occupational Exposure	Medications:
□ Occupational Injury	□ Occupational Disease	

Reason for Private Referral (Ask for the following services for questions on <u>disability</u>, <u>fitness to work</u>, <u>causation</u>, <u>impairment rating</u>, <u>pre-existing conditions</u>, <u>functional status</u>, <u>delayed recovery</u>, <u>chronic pain</u>, <u>psychological factors</u>, <u>minor vs. serious injury</u>, <u>MMI</u>, <u>confirmation of diagnosis</u>, <u>appropriate treatment</u>, <u>return to work plan</u>, <u>prognosis</u>, <u>return</u> to gainful employment, employability, <u>cost relief</u>, and loss of future earning capacity)

☐ IME (Disability Insurance)	□ IME (Automobile Insurance)	□ Independent File Review
☐ IME (Plaintiff/Defence Lawyers)	□ IME (Impairment Rating)	Certified Examination
☐ IME (Workers' Compensation)	□ IME (Biopsychovocational)	□ Medical Status Examination

□ Fitness to Work	□ Surveillance Program	□ Employees Assistance	□ Return to Work
f	for Work Exposures and	Program	Program for Workers'
	Injuries		Compensation
\Box Fitness to Drive			