



REQUEST FOR SERVICE

Date: _____

Please feel free to download our PDF fillable service request form, complete, print and fax to our attention at 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

Name: _____ Job Title: _____
 Date of Birth: _____ Employer: _____
 Address: _____ Address: _____
 Telephone: _____ Telephone: _____
 Date of Injury: _____ Fax: _____
(ex: Jan 1, 2005)
 Claim Number: _____ Contact Person: _____

Referral Source Information

Company: _____ Referred By: _____
 Address: _____ Telephone: _____
 Fax: _____
 Email: _____

Medical / Rehab Treatment Providers

Names:	Address:	Phone:

Nature of Injury/Illness:

Medical Reports Enclosed: **YES** **NO**

Service requested: OTHER (If not listed below)

- RETURN TO WORK PROGRAM
- REHAB COORDINATION
- PERSONAL CARE NEEDS ASSESSMENT
- DISCHARGE PLANNING
- HOME ASSESSMENT
- ERGONOMIC ASSESSMENT
- JOB DEMANDS ANALYSIS
- IMPAIRMENT ASSESSMENT

- APTITUDE TESTING
- VOC. REHAB ASSESSMENTS (1, 2 & 3 point assessments available-please call to discuss)
- COMPREHENSIVE VOCATIONAL EVALUATION
- TRANSFERABLE SKILLS ANALYSIS
- LABOUR MARKET RESEARCH
- RESUME PREPARATION
- INTERVIEW COACHING
- JOB SEARCH ASSISTANCE PROGRAM

PGAP

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