



Western Medical Assessments

EMPLOYER SERVICES REQUIRED

- Evaluation *(type)* _____
- Independent Medical Examination *(type)* _____
- Functional Capacity Evaluation
- Document Review
- Other *(type)* _____

City: Edmonton Calgary Fort McMurray Vancouver Saskatoon Other

EMPLOYEE Surname _____ First Name _____
 Fluent in English Yes No Language Spoken _____

Address _____ City _____ Prov. _____ Postal Code _____
 Home Tel _____ Other Tel _____
 E-mail _____ Date of Birth _____

EMPLOYER INFORMATION Company Name _____
 Representative _____ Alternate Contact _____
 Direct Tel _____ Fax _____ E-mail _____
 Address _____ City _____ Prov. _____ Postal Code _____
 Employee Number _____ Date of Event _____

EMPLOYER CONCERNS

Is claimant working? No Part-time Full-time
 Working modified duties? Yes No
 Return to work issues? Yes No

CURRENT COMPLAINTS

DOCUMENTATION TO FOLLOW Yes No
 Waybill Provided? Yes No

Please be advised to include your waybill if you require the documentation to be returned. If a return waybill is not provided, the documentation will be destroyed 30 days after the assessment.

SCHEDULING OF APPOINTMENT
 Case to be discussed prior to appointment being set? Yes No

Date of Report Deadline _____

To be scheduled with employee? Yes No
 To be scheduled with employer? Yes No

TERMS AND CONDITIONS

1. A file opening fee may be charged to Client, to include but not limited to Medical Director's fee, admin and/or clerical time, long distance and other disbursements.
2. Payment for services rendered is due upon receipt of invoice, net 30 days. Payments are to be addressed to Western Medical Assessments, 17204 106A Avenue, Edmonton, Alberta, T5S 1E6
3. Any late cancellation (date will be stipulated in our letter with Appointment details) or no-show fee is the Client's responsibility to cover, terms as in number 2 above.

SIGNATURE

DATE