

# REFERRAL FORM (MAFRP)

Please fill out the form and submit by email to [monctondriscoll@cbi.ca](mailto:monctondriscoll@cbi.ca)



REFERRING AGENCY	EMPLOYER
Referring Agency: _____	Employer Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____
E-Mail: _____	E-Mail: _____
Contact Person: _____	Contact Person: _____

Client: _____	Claim/File Number: _____
Address: _____	Phone: _____
Occupation: _____	Date of Birth: _____
Diagnosis: _____	Date of Injury/Illness: _____
Family Physician: _____	Specialist: _____

## FILE DOCUMENTATION REQUIREMENTS (IN CHRONOLOGICAL ORDER)

<ol style="list-style-type: none"> <li>1. An injury first report</li> <li>2. Ambulance and Emergency Room records, where applicable</li> <li>3. Hospital In – Patient record, where applicable</li> <li>4. All Family Physician / General Practitioner Form 8/10's or equivalent reports</li> <li>5. All relevant Radiology reports</li> <li>6. All relevant Laboratory reports</li> <li>7. All relevant Medical specialty consultation reports</li> <li>8. All relevant Surgical reports and Operative reports, where applicable</li> <li>9. All claim related Psychological evaluations and reports</li> </ol>	<ol style="list-style-type: none"> <li>10. All Paramedical evaluation and treatment reports</li> <li>11. All Job Site Analyses and Functional Capacities Evaluations</li> <li>12. A complete pharmacy/medication list dang to the date of injury</li> <li>13. Any other collateral information the Case Manager and/or Family Physician may deem relevant</li> </ol> <div style="background-color: #f1f3f4; padding: 10px; margin-top: 10px;"> <input type="checkbox"/> Multidisciplinary Active Functional Rehabilitation Program (MAFRP)  <input type="checkbox"/> Job Site Analysis (pre-admission requirement)  <input type="checkbox"/> Assessment only with recommendation – Dr. Evans  <input type="checkbox"/> Psychological assessment only with recommendations – Dr. French                 </div>
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ADDITIONAL REQUESTS	SPECIAL INSTRUCTIONS
<input type="checkbox"/> Gradual Return to Work <input type="checkbox"/> Transferable Skills Analysis <input type="checkbox"/> Individual Psychological Sessions	



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