

KAREN RUCAS & ASSOCIATES



Phone: 905-884-9153 Fax: 905-884-0377

IN-HOME ASSESSMENT INTAKE REFERRAL INFORMATION

Name: _____ DOB _____

Claim #: _____ Policy #: _____

Policy Holder: _____

Address: _____

Postal Code: _____ Phone #: (H) _____ (W) _____

Other Contact Person: Name and Phone #: _____

Date of Injury: _____

Diagnosis: _____

Other Health Issues: _____

Tests and/or Treatment: _____

English-speaking Other: _____

Translator arranged: _____

Referral Date: _____ Evaluation Date: _____

Claims Adjuster: _____ Phone #: _____

Company: _____ Fax #: _____

Is there a legal rep.: Yes No

Name of legal rep.: _____

Phone # of legal rep.: _____ Fax #: _____

Do you have any documentation on file, e.g., Disability Certificate? Yes No

Please send information to KRA, 40 Harmony Hill Crescent, Richmond Hill, ON L4C 8Y9. We are on ICS courier.