OnTask

REQUEST FOR SERVICES:

Email: admin@ontask.ca Telephone: 306.763.7300 Fax: 306.763.7307

CLIENT INFORMATION

Last name: First: Initial:			Birth date: DD / MM / YYYY	Sex: ❑ M ❑ F
Home phone no.: ( )	Work phone no.: ( )	Cell phone no.: ( )	Email:	
Street address:	City:	Province:	Postal Code:	
Occupation:	Education:		Employer phone no.: ( )	
Employer:	Employer phone no.:		Employer email:	
Policy/Claim/ID number:	Pre-disability earnings:	Gainful Amount:	Date of disability: DD / MM / YYYY	
Primary Diagnosis:		Secondary Diagnosis:		

Restrictions: (If known, please be specific):
Current:

Permanent:

❑ Pertinent medical documentation attached

REFERRER INFORMATION

Company Name/Claims Specialist:	Mailing Address:	
Email:	Business phone no.: ( )	Business fax no.: ( )

SERVICES REQUESTED

Comprehensive Initial assessment	☐	Certified Life Coaching	☐
Return to Work Services:	☐	Job Search Assistance	☐
Disability Case Management Services	☐	Employer RTW Consulting Services	☐
Vocational Evaluation (virtual or in-person)	☐	Employer Advocacy Services	☐
Transferable Skills Analysis	☐	OT Ergonomic Assessment	☐
Labour Market Survey	☐	OT Work-site evaluation	☐
Progressive Goal Attainment Program	☐	OT Home Assessment	☐
Functional Reactivation Program	☐	OT Home Accessibility Consulting	☐

Additional Information:

Signature *Date*

Vocational Rehabilitation Services Available Across Canada!