Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dear Physician:**

**RE: Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Vocational Rehabilitation Services Request**

Your patient has requested that we assist him/her with finding employment. We provide vocational rehabilitation services to people who have psychiatric disabilities, as well as physical disabilities, and traumatic brain injuries.

**There is no cost to our clients; our services are funded by either the federal or the provincial government.** The client must have a disability, injury or illness that causes barriers to finding or keeping work.

Attached is a consent to release of information form that your patient has signed. We have also attached a form for you to complete to provide information that will assist in his/her return to work. Or instead, if you prefer, you may just send us a copy of any documentation you already have on file that indicates his/her diagnosis and information that you would consider helpful in return to work planning.

Please note that **we are not provided funding to pay for this information**, nor are our clients. As a result, we are unable to cover costs for provision of this information. Please discuss any related costs directly with your patient. We would appreciate any information you can provide that will help us to ensure proper planning and services for your patient. Please fax the completed attached form to 780-532-7034. Thank you.

Sincerely,

Colleen Crawford, BScOT(c)

Job Coach

[www.rwgcommunity.com](http://www.rwgcommunity.com)

Attach.