



Referral Form

Claim Information:

Date of Referral (sent to CIMS)	
Claim Status	Initial <input type="checkbox"/> Recurrence <input type="checkbox"/>
Type of Claim	Accommodation <input type="checkbox"/> Other <input type="checkbox"/>
Last day worked (if applicable)	
First date informed of accommodation requirement	

Employee Information:

Employee Name	
Phone Number	
Email	
Address	
Date of Hire	

Employment Status:

Site/Location	
Position/Division	
Employment Status	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Contract <input type="checkbox"/> Seasonal <input type="checkbox"/>
Employer Contact	
Regular number of hours worked per week	

Additional Comments:

Please save and send this completed form to Canadian Injury Management Services via email to: kpatel@canadianinjury.com alongside any supporting documentation provided to you regarding the absence.