CANADIAN INJURY MANAGEMENT SERVICES

Referral Form

Clear Form

Claim Information:

Date of Referral (sent to CIMS)	
Claim Status	☐ ☐
Type of Claim	Accommodation ☐ Other ☐
Last day worked (if applicable)	
First date informed of accommodation requirement	

Employee Information:

Employee Name	
Phone Number	
Email	
Address	
Date of Hire	

Employment Status:

Location	
Division	
Position	
Employment Status	Full Time ☐ Part Time ☐ Contract ☐ Seasonal ☐
HRBP Contact	
Manager 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 specialist@canadianinjury.com alongside any supporting documentation provided to you regarding the absence.