ALL TOGETHER

EMPLOYER - CASE INITIATION FORM

1) TO REGISTER YOUR COMPANY OR TO USE ALL TOGETHER; COMPLETE THIS SECTION

COMPANY NAME: _____ **CONTACT PERSON:** _____

ADDRESS: _____ **Phone #** _____

_____ **Email** _____

 # EMPLOYEES: _____

2) TO USE ALL TOGETHER; COMPLETE THIS SECTION - EMPLOYEE INFORMATION

Name: _____ **DOB / Age -** _____

Email: _____ **Telephone -** _____

Department: _____ **Occupation / Position** _____

Years in Company: _____ **Year started current position:** _____

PRESENT WORK STATUS:

At work: Full time □ Part time □ Limitations □(no) □(yes)_____

CURRENT ISSUE: Accident □ Sickness □ Hospitalization □

Last day worked: Year:_____/Month:_____/Day:_____

Sick Leave □ Paid/admin leave □ EI□

DISABILITY STATUS: LTD □ STD □

Pending □ Approved □ Home work □ Unpaid leave □ Not applied □

WORK PERFORMANCE / EVALUATION: Past year: Previous absences □ No □ Yes (please attach)

Performance □ Above Average, □ Average, □ Below Average, □ Stable, □ Deteriorating, □ Improving

COMMENTS: _____

_____

_____

Instructions

1. To register your company simply complete the first section of this form
2. All absenteeism notes/forms/reports to be sent to; Fax 1-514-526-4521 or email to advocate@medextra.com
3. There is no charge for the review of these documents which does not require employee consent
4. The All Together team will review the note & provide one of the courses of action;
   - No further action required – Close the file
   - No immediate action required – Send the next absenteeism note
   - Immediate action required – A team member will contact you with a written action plan
5. Upon your approval the employee is required to sign information release authorizing MedExtra to obtain their medical record
6. Each medical appointment organized by our team will be reviewed and discussed with you along with the updated plan of action, within the limitations of confidentiality.

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EMPLOYEE AUTHORIZATION

Location of medical records:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Client :

DOB :

Address :

INFORMATION RELEASE

I the undersigned hereby authorize and direct you to furnish MedExtra with all the information, opinions and reports that they may request from you, as necessary, including but not limited to copies of my files, medical charts, reports and test results, and all other documentation, as well as all materials, including but not limited to slides and blocks, relating to me. As well, your full co-operation with MedExtra is respectfully requested. I understand that part or all of my medical chart on file with MedExtra may be transmitted in order to discuss my case.

Signed at (City, Province): _____ On _____

By (Print Client Name): _____

Client Signature: _____

Fax signed authorization to 1-514-526-4521 or email to advocate@medextra.com