

Questions for OW Participants to Determine Fit for Health2Work Program

1. Are you interested in (re)training/employment opportunities but have had:

Back Pain	YES	NO
Neck Pain	YES	NO
Strains and sprains	YES	NO
Shoulder pain	YES	NO
Headache	YES	NO
Whiplash	YES	NO

2. Do you require transportation assistance to get to appointments?

	YES	NO
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3. Preferred language:

English	
French	
Other (please specify):	
<input type="text"/>	

4. Are interpretation services required?

	YES	NO
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5. Do you have reliable childcare arrangements so you can attend appointments?

	YES	NO	N/A
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6. Would you be able to participate in chiropractic care such as: Education and coping strategies, home exercises, gentle exercise, soft tissue therapy, joint mobilization or adjustments

	YES	NO
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7. Are there people in your life who will support you while you're enrolled in this program?

	YES	NO
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8. Are you interested?

	YES	NO
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If not, how come?

Would you like to be asked about your interest again in the future? If yes, when?

**Participant Information**

Name	Phone#
<input type="text"/>	<input type="text"/>
DOB (mm/dd/yyyy)	E-Mail
<input type="text"/>	<input type="text"/>
Language Preference	Preferred Method of Contact
<input type="text"/>	<input type="text"/>
Address	Support Needed (ie. ESL, Mobility)
<input type="text"/>	<input type="text"/>

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Area of Illness / Injury

Gender Preference for Chiropractor?

Male  Female

Is there any other important information the chiropractor should know?

Job (Re)Training / Employment Plan

Current / Past Occupations

# Health2Work Referral Form

<b>Referrer</b>	Caseworker	Employment Facilitator
	Community Agency Staff	Physician or Nurse Practitioner
	Other (Please describe)	

## Referral Source

<b>Referrer Name</b>		<b>Organization Name</b>	
<b>Phone</b>	<b>Fax</b>	<b>E-mail</b>	

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**Please send referral form to:**

Tammy Ingrao, Branch Program Assistant, Region of Waterloo  
tingrao@regionofwaterloo.ca  
519-740-5720

## To be completed by staff project lead

<b>Date Referred</b>		<b>Referred To: Fax#</b>	
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