

Questions for 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?

Participants 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"/>

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

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

Referral Source

Referrer Name		Organization Name	
Phone	Fax	E-mail	

Referral Source

Referrer Name		Organization Name	
Phone	Fax	E-mail	

Referral Source

Referrer Name		Organization Name	
Phone	Fax	E-mail	

Please send referral form to:

Cambridge location: OWHealth2Work@protonmail.com

Kitchener location: OWHealth2WorkKitchener@protonmail.com

To be completed by staff project lead

Date Referred		Referred To: Fax#	
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