



**Hingley Medical Rehabilitation Consulting Services**  
**Heather Hingley-Campbell, R.N.**  
**1130 Colborne Street East**  
**Brantford, Ontario N3T 5M1**  
**Phone: (519) 751-7911 - Fax: (519) 751-6449**

**REFERRAL FORM**

Date of Referral: \_\_\_\_\_ HMRCs File No.: \_\_\_\_\_

Claims Representative: \_\_\_\_\_ Claim No.: \_\_\_\_\_

Company: \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Loss: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

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Claimant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Injury Diagnosis: \_\_\_\_\_

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Name

Address

Phone and Fax

Family Physician: \_\_\_\_\_

Specialists: \_\_\_\_\_

Lawyer: \_\_\_\_\_

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Employer: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Treatment Providers: \_\_\_\_\_

Special Instructions: \_\_\_\_\_