



Referral Intake Form

Email form to:

sandibest@excelcare.on.ca

cc: monica@excelcare.on.ca

207-2289 Fairview Street

Burlington, ON L7R 2E3

Tel: 289-288-1358/905-574-6933

1-877-392-3512

Fax: 289-288-1362

Date of Referral :		Date of Loss:	
Start Date:		Date of Birth:	
Claim #:		Policy Holder:	
Policy #:		Health Card #:	
Client Information			
Name:			
Address:			
Home Telephone:			
Cell Phone #:		Email:	
		Fax No:	
Insurance Company			
Company Name:			
Address:			
Telephone No:		Fax No:	
Claim Adjuster:		Email:	
Extended Health Benefits Carrier			
Company Name:			
Address:			
Telephone No:		Fax No:	
Group/Policy Number:		Certificate/ID Number:	
Case Management Company (if applicable)			
Company Name:			
Address:			
Telephone No:		Fax No:	
Case Manager:		Email:	
Legal Representative			
Company Name:			
Address:			
Telephone No:		Fax No:	
Lawyer:		Email:	
Services Required			
Attendant Care	P.S.W.	R.P.N.	R.N.
Housekeeping			
Rehab Services			
Hours Requested			
FORM 1 Total:			
Additional Notes:			