

**Hand Injury & Other Body Areas
Referral Form**

THIS IS A FILLABLE FORM. Please save this file and fill it out on your computer, then print and fax to 1-604-271-2606.

Date: _____

Client Information:

Name: _____

Address: _____

City: _____

Province/State: _____ Code: _____

Phone: _____

Cell: _____

Email: _____

Claim No.: _____

Type of Work/Activity: _____

Describe Work/Activity Environment (i.e. temperature, condition):

Please indicate any special issues, amputations, or areas of sensitivity. Please specify: touch? or cold?: _____

Funder Information:

Agency Name: _____

Agency Location: _____

Contact Name _____

Position: _____

Phone: _____

Fax: _____

Email: _____

Referred by:

Name: _____

Business Name: _____

City: _____

Province/State: _____ Code: _____

Phone: _____

Fax: _____

Email: _____

Measuring Instructions:

For Hand Injury, please trace your hand outline on page 2 and fax to 1-604-271-2606.

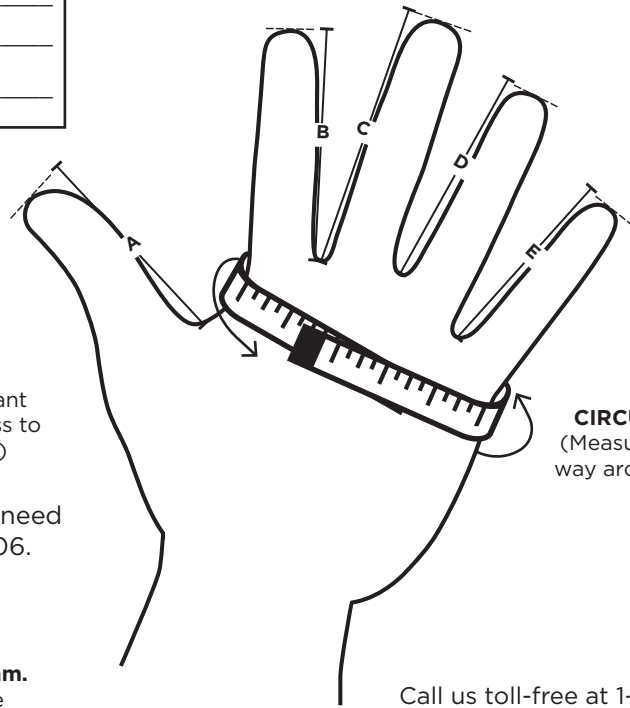
Please trace your hand on page 2, and be sure to get down into the webbed area between the fingers. Please use a bold pen so that it can be clearly faxed.

Please include all measurements for your hand. It is important that the measurements are accurate to enable the seamstress to achieve the best fit possible. (Refer to diagram on this page.)

For Other Body Areas, please shade in the area of need on the diagram on page 3 and fax to 1-604-271-2606.

Please shade in the body area on page 3, on the diagram corresponding to the front or the back of the body for the areas you need fitted for the heated garment.

Please include all measurements as indicated on the diagram. It is important that the measurements are accurate to enable the seamstress to achieve the best fit possible.



CIRCUMFERENCE
(Measure here all the way around the palm)

Call us toll-free at 1-877-470-1700 if you have any questions.

Name: _____

Claim No: _____

HAND MEASUREMENTS: Right Left

Please trace your hand outline below and fax page 1 and 2 to 1-604-271-2606.

Circumference: _____ Middle Finger Measurement C: _____

Thumb Measurement A: _____ Ring Finger Measurement D: _____

Refer to diagram on page 1 for measuring instructions.

Index Finger Measurement B: _____ Pinky Finger Measurement E: _____

FOR OTHER BODY AREAS, PLEASE SCROLL DOWN TO PAGE 3

Name: _____

Claim No: _____

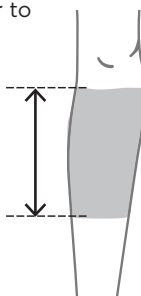
Please shade the body area on the diagram below and fax page 1 and 3 to 1-604-271-2606.

Please use a separate form for each heated garment. Refer to diagram below for instructions on taking measurements.

To measure the circumference, please measure all the way around the limb or body area



To measure the length (if applicable), please measure from the top to the bottom of the area in need



LOCATION: Right Left

ARM OR LEG

Top Circumference: _____

Middle Circumference: _____

Bottom Circumference: _____

Length from Top to Bottom: _____

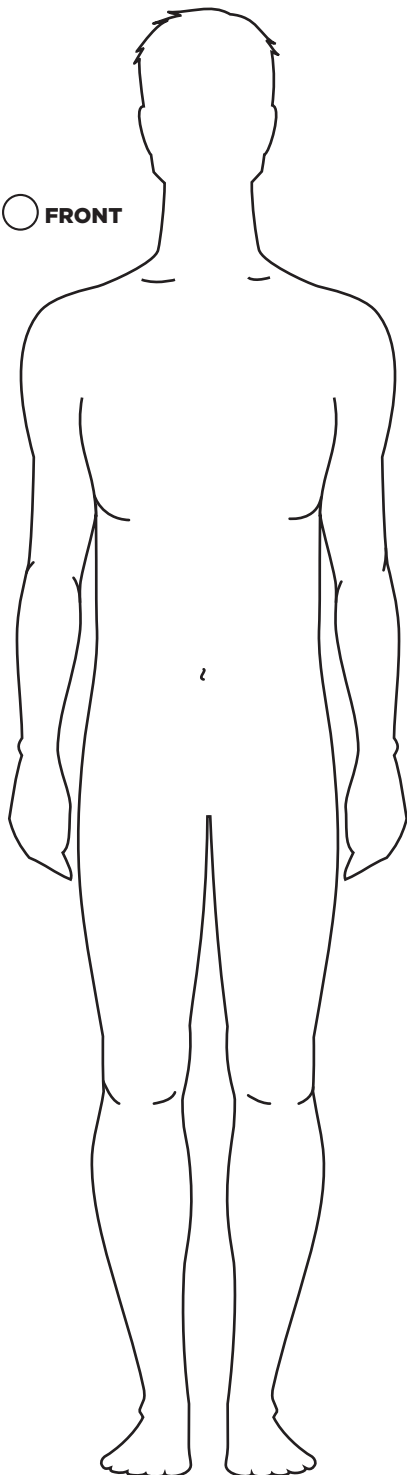
NECK, WAIST, CHEST OR OTHER AREA

Circumference: _____

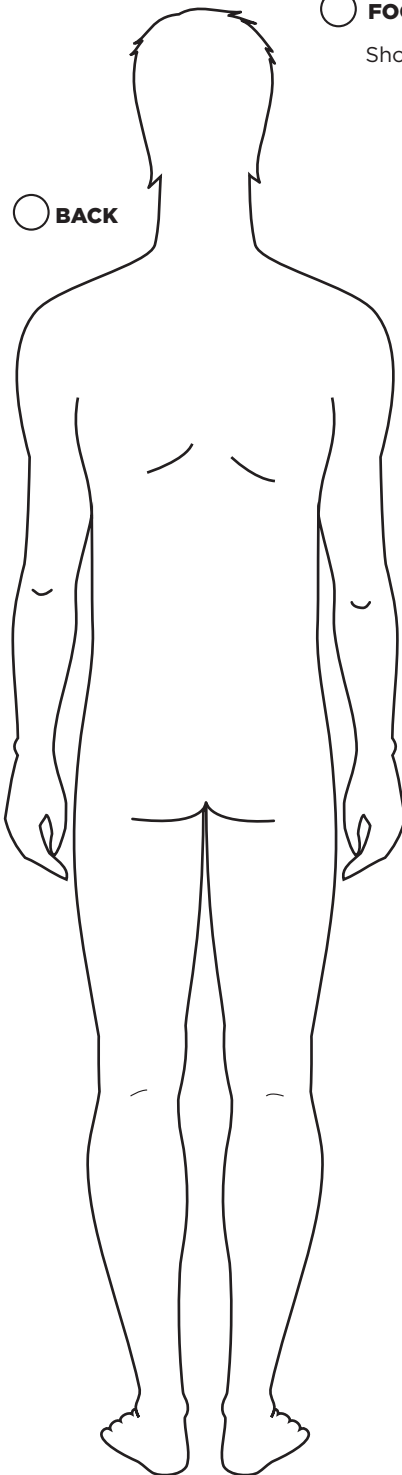
FOOT

Shoe size: _____

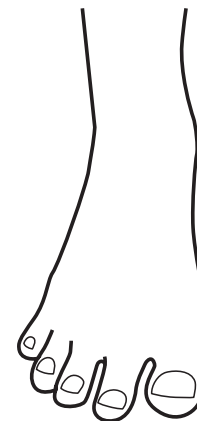
FRONT



BACK



LEFT FOOT



RIGHT FOOT

