

# 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 1-604-608-3198**

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 1-604-608-3198

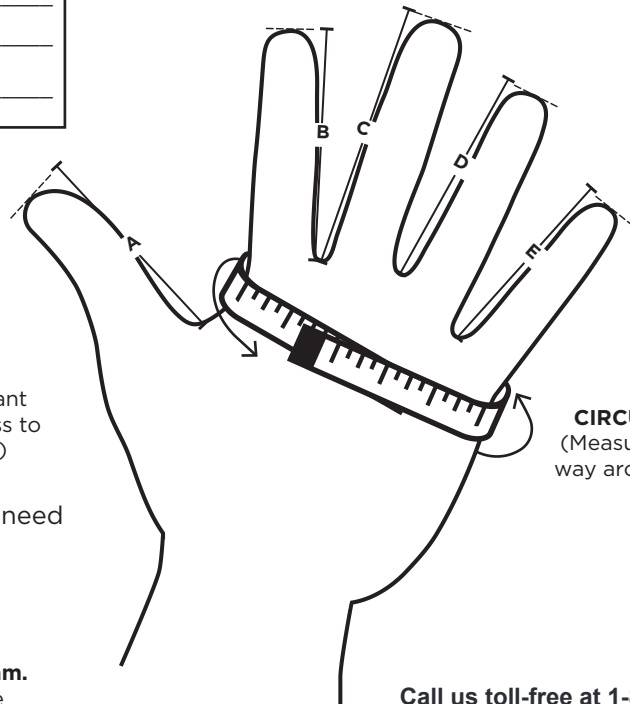
**Please trace your hand on page 2**, and be sure to get down into the webbed area between the fingers. Please use a bold pen so that it can be clearly faxed.

**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 1-604-608-3198

**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 1-604-608-3198 .**

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: \_\_\_\_\_

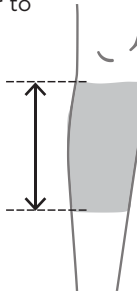
**Please shade the body area on the diagram below and fax page 1 and 3 to 1-604-608-3198**

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: \_\_\_\_\_

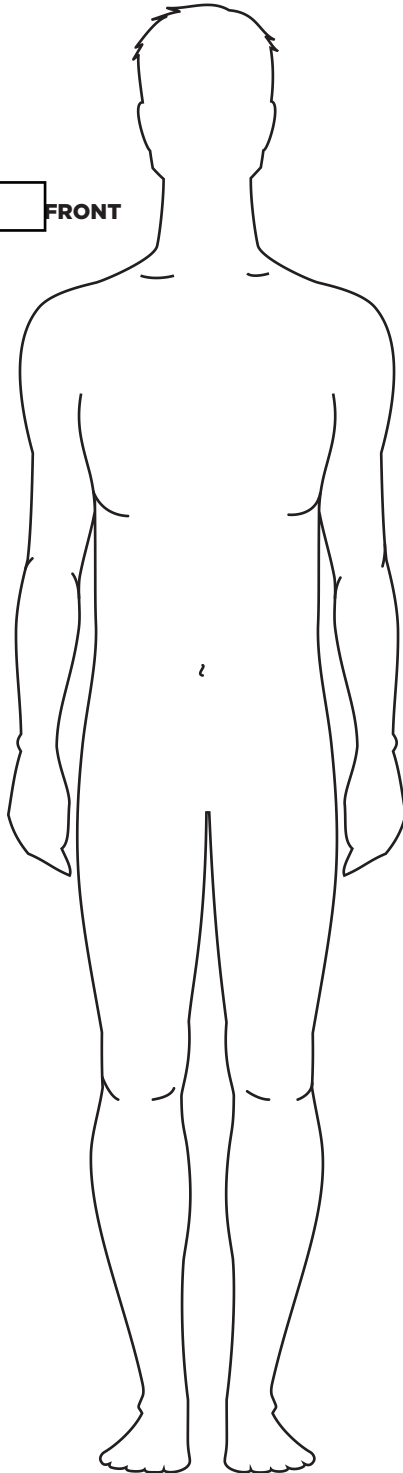
**NECK, WAIST, CHEST OR OTHER AREA**

Circumference: \_\_\_\_\_

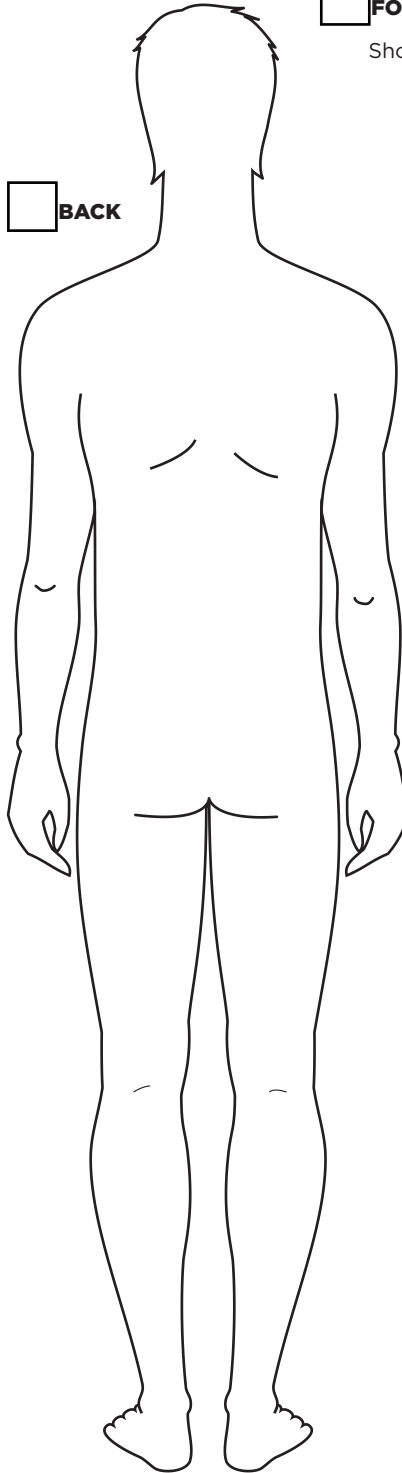
**FOOT**

Shoe size: \_\_\_\_\_

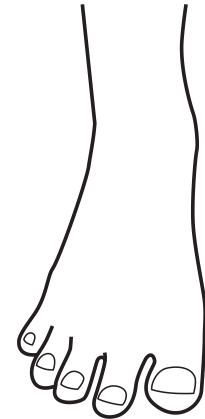
**FRONT**



**BACK**



**LEFT FOOT**



**RIGHT FOOT**

