



JobLinks

EMPLOYMENT CENTRE

A Division of the Rehabilitation Society of Southwestern Alberta

#20 _____

To Be Completed By Your DOCTOR or MENTAL HEALTH THERAPIST

JobLinks Employment Service matches people with a medical condition and/or disability with meaningful employment opportunities in our community. We ask for your assistance in achieving this goal by taking a few minutes to answer the following:

Name of Individual: _____

How long have you known this individual? _____

What is the individual's disability/medical concern? _____

Is the individual able to work at this time? **YES** **NO**

If no, please indicate your best estimate of how long this individual may need before starting employment (i.e. weeks, a month, or longer)

Check the amount of work this individual is best suited for: Please check all that apply and comment.

Part-time Employment: can work **Part Time** with minimal support

Full-time Employment: can work **Full Time** with minimal support

Do you know of any restrictions in mobility the individual has or accommodations they may require to be successful in a work environment? (i.e. cannot work shift work or lifting restrictions) _____

Additional Comments: _____

Signature: _____ **Date:** _____

Please print your name: _____

Name of Clinic _____ **Phone #:** _____

Family Doctor/Specialist

Registered Therapist/Psychiatrist

I, _____ hereby authorize the release of medical information concerning _____ to the Rehabilitation Society of Southwestern Alberta and/or JobLinks Employment Centre. This information will relate directly to and is necessary for the operation and activities provided by the program.

Date: _____

We thank you for your time and assistance in helping us best serve this individual.

JobLinks Employment Centre
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Reviewed May 2018
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