



**MANAGER/SUPERVISOR  
DISABILITY CASE MANAGEMENT REFERRAL TO OESH FORM  
(Not Required for WCB Claims)**

<b>To be Completed by Manager/Supervisor</b>		
<i>When an employee is or will be absent for more than 10 days for medical reasons, or an employee reports a health condition that affects their ability to perform their regular job duties, or attend work regularly and consistently.</i>		
<b>Manager/Supervisor Information</b>		
<b>Manager Name:</b>		
<b>Manager Email:</b>	<b>Manager Phone:</b>	
<b>HR Consultant Name:</b>		
<b>HR Consultant Email:</b>	<b>HR Consultant Phone:</b>	
<b>Employee Information</b>		
<b>Employee Name:</b>	<b>Employee Number:</b>	
<b>Job Title:</b>	<b>EFT:</b> _____ <input type="checkbox"/> Permanent <input type="checkbox"/> Casual <input type="checkbox"/> Term	
<b>Site:</b>	<b>Department/Unit:</b>	
<b>Union:</b> <input type="checkbox"/> MNU <input type="checkbox"/> CUPE <input type="checkbox"/> MAHCP <input type="checkbox"/> NO UNION <input type="checkbox"/> OTHER (Please Specify):		
<b>Home Address:</b>		
<b>Home Phone:</b>	<b>Work Phone:</b>	<b>Cell Phone:</b>
<b>Email:</b>	<b>Alternate Email:</b>	
<b>Referral Information</b>		
<input type="checkbox"/> CANADA LIFE <input type="checkbox"/> E.I. BENEFITS <input type="checkbox"/> HEB <input type="checkbox"/> MPI <input type="checkbox"/> WCB <input type="checkbox"/> Sick Leave (>2 WEEKS) <input type="checkbox"/> Other Medical Concern(s):		
<b>Is the employee currently off work?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Last Day Worked (D/M/Y):</b>		
<b>Please explain the reason for requesting case management services:</b>		
<b>Supervisor's Signature:</b>		<b>Date:</b>
<b>GIVE THE EMPLOYEE THE "EMPLOYEE RETURN TO WORK PACKAGE". ATTACH ALL MEDICAL DOCUMENTATION AND FAX OR E-MAIL DOCUMENTATION TO WRHA OESH. ALL CONTACT INFORMATION CAN BE FOUND ON THE BACK OF THIS PAGE.</b>		

**Complete the front page of this form, attach all documentation and send to the appropriate WRHA OESH location listed below.**

Employee of	Where to send
<b>Concordia Hospital / Place Middlechurch Home of Winnipeg Regional Distribution Facility (RDF)</b>	Email: <a href="mailto:OESHCONCORDIA@wrha.mb.ca">OESHCONCORDIA@wrha.mb.ca</a> Fax: 204-661-7317 <i>Questions? Please call: 204-661-7434</i>
<b>Deer Lodge Centre Golden West Centennial Lodge River Park Gardens</b>	Email: <a href="mailto:OESH_DLC@wrha.mb.ca">OESH DLC@wrha.mb.ca</a> Fax: 204-831-2918 <i>Questions? Please call: 204-831-2153</i>
<b>Grace General Hospital</b>	Email: <a href="mailto:OESHGGH@wrha.mb.ca">OESHGGH@wrha.mb.ca</a> Fax: 204-943-0237 <i>Questions? Please call: 204-837-0869</i>
<b>Health Sciences Centre</b>	Email: <a href="mailto:OESH_HSC@wrha.mb.ca">OESH_HSC@wrha.mb.ca</a> Fax: 204-787-1172 <i>Questions? Please call: 204-787-3312</i>
<b>Inkster Laundries Manitoba Adolescent Treatment Centre Seven Oaks General Hospital</b>	Email: <a href="mailto:OESH SOGH@wrha.mb.ca">OESH SOGH@wrha.mb.ca</a> Fax: 204-694-0479 <i>Questions? Please call: 204-632-3280</i>
<b>Victoria Hospital Churchill Health Centre Pam Am Clinic River Park Gardens</b>	Email: <a href="mailto:OESHVGH@wrha.mb.ca">OESHVGH@wrha.mb.ca</a> Fax: 204-477-3449 <i>Questions? Please call: 204-477-3107</i>
<b>Addictions Foundation of MB Digital Health Shared Health Services WRHA Community Health Services WRHA Corporate</b>	Email: <a href="mailto:OESHCORPCOMM@wrha.mb.ca">OESHCORPCOMM@wrha.mb.ca</a> Fax: 204-944-8417 <i>Questions? Please call: 204-926-8050</i>
<p><b>Give the employee the appropriate "Employee Return to Work Package"</b>            These packages can be found at <a href="#">Section 3 - Case Management - WRHA Professionals</a></p>	