



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

To be Completed by Supervisor/Manager		
<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>		
Supervisor Name:		Job Title:
Supervisor Phone:		Supervisor Email:
Office Location:		
Employee Information		
Employee Name:		Employee Number:
Job Title:	EFT:	<input type="checkbox"/> Permanent <input type="checkbox"/> Casual <input type="checkbox"/> Term
Department/Unit:		
Union: <input type="checkbox"/> MNU <input type="checkbox"/> CUPE <input type="checkbox"/> IUOE <input type="checkbox"/> MAHCP <input type="checkbox"/> MGEU <input type="checkbox"/> MMA <input type="checkbox"/> OEM <input type="checkbox"/> PCAM <input type="checkbox"/> PSAC <input type="checkbox"/> PIPSC <input type="checkbox"/> UFCW <input type="checkbox"/> WAPSO <input type="checkbox"/> NO UNION /OUT OF SCOPE		
Mailing Address:		
Home Phone:	Work Phone:	Other Phone:
Email:		Alternate Email:
Referral Information		
<input type="checkbox"/> MPI <input type="checkbox"/> HEBP <input type="checkbox"/> GWL <input type="checkbox"/> Sick Leave (>2 WEEKS) <input type="checkbox"/> E.I. BENEFITS <input type="checkbox"/> Other Medical Concern(s)		
Is the employee currently off work? <input type="checkbox"/> Yes <input type="checkbox"/> No Last Day Worked (d/m/y): ___/___/___		
Please explain the reason for requesting case management services:		
Supervisor's Signature:		Date:
GIVE THE EMPLOYEE THE "EMPLOYEE RETURN TO WORK PACKAGE". ATTACH ALL MEDICAL DOCUMENTATION AND FAX FORM AND DOCUMENTATION TO WRHA OESH All fax Numbers can be found on the back of this page.		

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
Churchill	Fax: 204-940-2570 Email: OESHCORPCOMM@wrha.mb.ca <i>Questions? Please call 204-926-1018</i>
Concordia General Hospital	Fax: 204-661-7317 Email: OESHCONCORDIA@wrha.mb.ca <i>Questions? Please call 204-661-7434</i>
Deer Lodge Centre	Fax: 204-831-2918 Email: OESH_DLC@wrha.mb.ca <i>Questions? Please call 204-831-2153</i>
Grace General Hospital	Fax: 204-943-0237 Email: OESHGGH@wrha.mb.ca <i>Questions? Please call 204-837-0869</i>
Health Sciences Centre	Fax: 204-787-1172 Email: OESH_HSC@wrha.mb.ca <i>Questions? Please call 204-787-3312</i>
Laundry <i>(Inkster or Selkirk)</i>	Fax: 204-694-0479 Email: OESH SOGH@wrha.mb.ca <i>Questions? Please call 204-632-3280</i>
Middlechurch	Fax: 204-661-7317 Email: OESHCONCORDIA@wrha.mb.ca <i>Questions? Please call 204-661-7434</i>
RDF (Regional Distribution Facility)	Fax: 204-661-7317 Email: OESHCONCORDIA@wrha.mb.ca <i>Questions? Please call 204-661-7434</i>
River Park Gardens	Fax: 204-831-2918 Email: OESH_DLC@wrha.mb.ca <i>Questions? Please call 204-831-2153</i>
Seven Oaks General Hospital	Fax: 204-694-0479 Email: OESH SOGH@wrha.mb.ca <i>Questions? Please call 204-632-3280</i>
Victoria General Hospital	Fax: 204-477-3449 Email: OESHVGH@wrha.mb.ca <i>Questions? Please call 204-477-3107</i>
WRHA Community Health Services <i>(Home Care, Public Health, Mental Health, etc.)</i>	Fax: 204-940-2570 Email: OESHCORPCOMM@wrha.mb.ca <i>Questions? Please call 204-787-1294</i>
WRHA Corporate <i>(Corporate offices, Tissue Bank, Breast Health, Regional staff at hospitals, etc)</i>	Fax: 204-940-2570 Email: OESHCORPCOMM@wrha.mb.ca <i>Questions? Please call 204-787-1294</i>
Give the employee the appropriate “Employee Return to Work Package”	
These packages can be found at http://www.wrha.mb.ca/professionals/safety/policies_section03.php	