

# Stanley Consulting Services

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(Online referral form available through web site)

**Client's Name:** \_\_\_\_\_

**Client's Mailing Address:** \_\_\_\_\_

**Phone Number:** (H) \_\_\_\_\_ (W) \_\_\_\_\_

**Date of Loss:** (M) \_\_\_\_\_ (D) \_\_\_\_\_ (Y) \_\_\_\_\_ **Reference #:** \_\_\_\_\_

**Occupation / Employer:** \_\_\_\_\_

**Family Doctor:** \_\_\_\_\_ **Lawyer:** \_\_\_\_\_

**Report requested:** *(Please select one or more from list below)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We customarily send a copy of the report to the family physician. If a lawyer represents the examinee, we would also be pleased to send a copy of the report to the lawyer at your request or the examinee's request. Please indicate below:

\_\_\_\_\_

**Referred by:** \_\_\_\_\_ **Firm:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

Do you wish us to contact the client directly? Yes \_\_\_ No \_\_\_ Other \_\_\_\_\_

Do you have any specific questions that you wish to have answered from this assessment?  
Please list questions below or provided cover letter with specific questions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Payment terms – due in full upon receipt of report**

**Please fax this form to (902) 832-1431**