### Logo Description automatically generated

ERGONOMICS REFERRAL FORM

**▶ REFERRAL DETAILS**

**Employee Name:**

**DOB:**       **Phone:**

**Job Title:**       **Work Phone:**       **Work Email:**

**Work Street Address:**       **City, State & Zip:**

**Claim #:**       **DOI:**

***Can we schedule directly with the employee?* Yes  No  …***If No, then who should we contact?*

**Name:**       **Email:**       **Phone:**

**▶ CARRIER / REFERRAL SOURCE**

**Company Name:**

**Adjuster Name:**       **Phone:**       **Email:**

**Street Address:**       **City, State & Zip:**

**▶ EMPLOYER**

**Employer Name:**

**Employer Contact Name:**       **Phone:**       **Email:**

**Street Address:** **City, State & Zip:**

**▶ REPORTS SENT TO:**

**1) Name:**       **Email:**

**2) Name:**       **Email:**

**▶ BILL SENT TO:**

**Name:**

**Phone:**       **Email:**

**▶ employee’s Symptoms at this time:**

**▶ report due:**

**▶ COMMENTS:**

**▶ SERVICES REQUESTED**

|  |  |
| --- | --- |
| **Ergonomic Evaluation** | **Training Class:**  **In Person  Virtual** |
| ***Level 1 – Basic Evaluation, No Symptoms, –Hand Written Report*** | **Topics: *Office Ergonomic*** |
| ***Level 2 – Preventative or Mildly Symptomatic, Check-off Form*** | ***Back Lifting Safety*** |
| ***Level 3 – Preventative or Symptomatic, Typed Narrative Report with Photos*** | ***Stretching for Prevention***    ***Ergonomics for Remote Workers*** |
| ***Level 4 – Work Comp/Post injury, Typed Narrative with Photos***  ***Virtual Evaluation*** | ***Other*:** |
| **Job Analysis** |  |

***By typing my name below, I am authorized to make this referral on behalf of the Carrier and agree to the pricing of the Billing Guidelines and the Referral Terms and Conditions as published*** [***HERE***](http://www.old.ekhealth.com/component/content/article/432)***.***

**NAME:       DATE:**