### 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:**