

## Workers Compensation Referral Form

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Sex:** ☐ Male ☐ Female **SSN:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Date of Injury:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Type of Injury:** \_\_\_\_\_

**Reason For Visit:** \_\_\_\_\_

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

**Adjuster Name:** \_\_\_\_\_ **Phone #:** (\_\_\_\_) \_\_\_\_\_

**Fax #:** (\_\_\_\_) \_\_\_\_\_ **Email:** \_\_\_\_\_

**Case Manager Name:** \_\_\_\_\_ **Phone #:** (\_\_\_\_) \_\_\_\_\_

**Fax #:** (\_\_\_\_) \_\_\_\_\_ **Email:** \_\_\_\_\_

**Insurance Carrier:** \_\_\_\_\_ **Claim #:** \_\_\_\_\_

**Claims can be submitted via:**

☐ **Email:** \_\_\_\_\_

☐ **Fax:** \_\_\_\_\_

☐ **Mail:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Who Referred:** \_\_\_\_\_

**EVALUATIONS MUST BE PREPAID IN ORDER TO CONFIRM APPOINTMENT**

**PLEASE FORWARD PERTINENT RECORDS TO OUR OFFICE PRIOR TO EVALUATION**

2080 Energy Drive  
Peak City Business Park  
Apex, NC 27502  
P: 919-328-5573  
F: 984-235-1617

1829 East Franklin Street  
Building 400  
Chapel Hill, NC 27514  
P: 919-933-2000  
F: 984-235-1617

6911 Shannon Willow Road  
Suite 400  
Charlotte, NC 28226  
P: 980-296-2211  
F: 984-235-1617

13251 Falls of Neuse Road  
Suite 121  
Raleigh, NC 27614  
P: 919-785-5055  
F: 984-235-1617