



TRANSITION²WORK

REFERRAL FORM

Please submit via email to: t2w@reemployability.com

TPA/COMPANY NAME		DATE OF REFERRAL		
ADDRESS		CITY	STATE	ZIP
PHONE	FAX	EMAIL		
ADJUSTER				

INJURED WORKER INFORMATION:

INJURED WORKER NAME: F <input type="checkbox"/> M <input type="checkbox"/>	AWW: COMP RATE:
STREET ADDRESS: IMPORTANT: Verify this is current address	CITY, STATE, ZIP: STATE JURISDICTION:
PHONE NUMBER:	DOA: DOB:
CLAIM NO: LAST 4 DIGITS OF SSN:	PRE-INJURY OCCUPATION: USUAL WORK SCHEDULE:
LANGUAGE English <input type="checkbox"/> Spanish <input type="checkbox"/> Both <input type="checkbox"/> Other _____	SUITABLE JOBS: Data Entry <input type="checkbox"/> Phones <input type="checkbox"/> Food Service <input type="checkbox"/> Maintenance <input type="checkbox"/>

TRANSITIONAL PROGRAM INFORMATION:

RATE OF PAY FOR IW while in Program	HOURS / WK
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EMPLOYER INFORMATION:

EMPLOYER COMPANY NAME/EMPLOYER CONTACT NAME	PHONE and FAX NUMBER: EMPLOYER EMAIL:
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PHYSICIAN INFORMATION:

PHYSICIAN	PHONE
PHYSICIAN	PHONE

LITIGATION: YES NO If yes, please provide the following information

DEFENSE ATTORNEY	PHONE
CLAIMANT ATTORNEY	PHONE

Special Instructions: (Please include information that may be pertinent to placement including if the employee is a member of a Union)

Please provide NOTICE OF INJURY and PHYSICIAN'S OUTLINED RESTRICTIONS from ALL authorized physicians.

Productive Solutions for Returning to Work
 ReEmployAbility, Inc. ~ PO Box 89367 ~ Tampa, FL 33689-0406
 Toll-Free 866-663-9880 ~ Phone. 813-663-9880 ~ Fax. 813-663-9886
 Submit referrals via e-mail to: t2w@reemployability.com