

Idaho Industrial Commission
Rehabilitation Division
Referral Form

<i>Internal Use Only</i>
IC Claim # _____
Rehab # _____
Consultant: _____

To make a referral, please complete this form and fax it to (208) 334-3711 or e-mail it to rehabreferrals@iic.idaho.gov. You may also send it to a rehabilitation office in your area. Locations are listed on the Industrial Commission website iic.idaho.gov/offices. If available, please include the accident report and medical information with this form.

(Please print)

Claimant

Name: _____
E-mail: _____
Street Address: _____
Mailing Address: _____
City: _____ State: _____ ZIP: _____
Home Phone: _____ Cell Phone: _____
Date of Injury: _____ Type of Injury: _____
Is Claimant working? - Yes - No Claimant Occupation: _____

Employer

Business Name: _____
Contact Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
Business Phone: _____ Cell Phone: _____

Surety

Name: _____
Examiner Name: _____
E-mail: _____ Business Phone: _____
IC Claim #: _____ Surety Claim #: _____
Wage: \$ _____ per - hour; - week; - Other TTD: \$ _____

Treating Physician

Name: _____
Business Phone: _____

Nurse Case Manager

Name: _____
Business Phone: _____

Attorney

Name: _____
Business Phone: _____

Referral Information

Name (referred by): _____ Date: _____
Representing: - Surety - Employer - Medical Provider - Claimant
- Other _____
Has the claimant been notified of this referral? - Yes - No
Reason for Referral/Comments: _____
