SHAW HR CONSULTING

Client: _____
Job: _____
Date Opened: _____

THIS SECTION FOR INTERNAL USE ONLY

eREFERRAL FORM

Referral Type: ☐ Accommodation Services ☐ EFJA (Essential Functions Job Analysis) ☐ Medical FFD (Fit for Duty)
☐ Other (Please Describe) _____

EMPLOYEE INFORMATION

Name: _____
Job Title: _____
Home Address: _____
City: _____ State: ____ Zip: _____
Home Phone: (___) _____ Cell: (___) _____
Email: _____

INSURANCE COMPANY

Insurance Company Name: _____
Adjustor Name: _____
Address: _____
City: _____ State: ____ Zip: _____
Phone: (____) _____ Fax: (____) _____
Email: _____

FILE INFORMATION

DOI: _____
Claim #: _____
Work Status: Is employee currently working? ☐Yes ☐No
If Yes, modified or alternative duty? ☐Modified ☐Alternative
Leave Balances: _____

DOH: _____ DOB: _____

EMPLOYER INFORMATION

Company Name: _____
Employer Contact: _____
Phone: (____) _____ Fax: (____) _____
Email: _____
Assistant: _____ Phone: (____) _____
Assistant's Email: _____
Address: _____
City: _____ State: ____ Zip: _____

APPLICANT ATTORNEY

Firm Name: _____
Attorney Name: _____
Address: _____
City: _____ State: ____ Zip: _____
Phone: (____) _____ Fax: (____) _____
Email: _____

DEFENSE ATTORNEY

Firm Name: _____
Attorney Name: _____
Address: _____
City: _____ State: ____ Zip: _____
Phone: (____) _____ Fax: (____) _____
Email: _____

PRIMARY TREATING PHYSICIAN

Doctor's Name: _____
Address: _____
City: _____ State: ____ Zip: _____
Phone: (____) _____ Fax: (____) _____

QME PHYSICIAN

Doctor's Name: _____
Address: _____
City: _____ State: ____ Zip: _____
Phone: (____) _____ Fax: (____) _____

AME PHYSICIAN

Doctor's Name: _____
Address: _____
City: _____ State: ____ Zip: _____
Phone: (____) _____ Fax: (____) _____

ADDITIONAL INFORMATION

Please provide any additional information about this referral below.

Please complete, save, and email this form and any medical reports or other relevant documents to info@shawhrconsulting.com

Shaw HR Consulting • 107 N. Reino Road # 414 • Newbury Park, CA 91320 • Phone: 805. 498.9400 • Fax: 805.464.3535