GAINFUL, INC.

Return To Work Coordinators
Post Office Box 5817, Hacienda Heights, CA 91745
Telephone No: (626) 961-9397 - Fax No: (626) 961-1539
E-Mail – Gainful@earthlink.net

Referral Form

INSURANCE COMPANY		
Claims Administrator:	**Contact Person:**	
Mailing Address:	Telephone Number:	Ext.:
City/State/Zip:	Fax Number:	**Date of Referral:**

CLAIMANT INFORMATION		
Claimant Name:	Diagnosis:	
Address:	Claim Number:	
City/State/Zip:	Date of Injury:	
Telephone Number:	Employee #:	Date of Birth:
Occupation:	Salary:	

MEDICAL INFORMATION			
Treating Physician:		**Defense Physician:**	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
Telephone No.:	Fax No.:	Telephone No.:	Fax No.:
Agreed Medical Examiner:			Telephone No.:
Address:		City/State/Zip:	

LEGAL REPRESENTATION			
Applicant Attorney:		**Defense Attorney:**	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
Telephone #:	Fax No.:	Telephone #:	Fax No.:

EMPLOYER INFORMATION		
Company Name:	**Contact Person:**	Telephone #:
Address:	City/State/Zip:	

SERVICES REQUESTED

☐ Job Description (**Usual & Customary**) ☐ Job Analysis (☐ **Modified or** ☐ **Alternate Position**)

☐ Interactive Process ☐ Ergonomic Evaluation ☐ Ergonomic Equipment Purchase

☐ Home Retrofitting ☐ Chair Repair ☐ Workstation Relocations ☐ Voice Activation