

EXHIBIT F1

City of Austin – Dedicated Nurse Referral

Date of Referral:<<TODAY>>

Priority:

Injured Worker: <<FIRST_LAST_NAME>>

Limited: ___ yes ___ no

Claim No.: <<CLAIM_NO>>

DOI: <<DOI>>

Dept:

Job Title:

EJFs: ___ yes ___ no Date requested:

Current Diagnosis:

Treating Physician:

Referral Physician:

Surgery & Date:

Reason for Referral:

___ Date Lost Time Began (no duty status)

___ Date Limited Duty Began (partial or transitional duty status)

___ Medical Management (no income benefits or RTW issues)

___ Other:

Goals for Assignment:

1.

2.

3.

4.

5.

Adjuster: <<EX_NAME>>