North Carolina Industrial Commission

Medical Rehabilitation Nurses Section Referral Form

REFERRAL SOURCE

Name _____ **Company** _____ **Date** __/__/20__
Address _____ **City** _____, **State** __ **Zip** ____
Telephone (___) ___-____ **Fax** (___) ___-____
REASON FOR REFERRAL/SPECIFIC CONCERNS _____

INJURED EMPLOYEE

Name _____ **IC#** _____ **SS#XXX-XX-____**
Address _____ **City** _____, **State** _ **Zip** _____-____
County _____ **Telephone** (___) ___-____ **Fax** (___) ___-____
Date of Injury __/__/____ **Type of Injury** _____
Physician's Name _____
Address _____ **City** _____, **State** _ **Zip** _____-____
Telephone (___) ___-____ **Fax** (___) ___-____

EMPLOYER

Name _____
Contact Person _____ **Title** _____
Address _____ **City** _____, **State** __ **Zip** ____
Telephone (___) ___-____ **Fax** ___) ___-____

CARRIER

Name _____
Claims Representative _____ **Claim #** _____
Address _____ **City** _____, **State** __ **Zip** ____
Telephone (___) ___-____ **Fax** (___) ___-____
Defense Attorney _____ **Telephone** (___) ___-____ **Fax** (___) ___-____ **Plaintiff Attorney** _____ **Telephone** (___) ___-____ **Fax** (___) ___-____

ASSIGNED REHABILITATION PROFESSIONAL (if involved)

Name _____ **Company** _____
Address _____ **City** _____, **State** __ **Zip** ____
Telephone (___) ___-____ **Fax** (___) ___-

PLEASE FILE VIA EDFP using "Rehabilitation Referral" document name – https://www.ic.nc.gov/docfiling.html

Medical Rehabilitation Nurses Section • 1236 Mail Service Center • Raleigh, North Carolina 27699-1236
Telephone: (919) 807-2616 • E-mail: rehab.referrals@ic.nc.gov
Internet Address: **http://www.ic.nc.gov/**

Claimants without representation may file via email to rehab.referrals@ic.nc.gov

Rev. 4/2025

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