

# Vitality Care, LLC

*Vocational & Medical Case Mgmt/Life Care Planning/Medicare Set-Aside Allocation Reports*  
PO Box 771818~St. Louis, MO 63177-1818

## REFERRAL FORM

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To make a referral: Phone: 1-866-837-8130 Email: Vitalitycare@sbcglobal.net Fax: 314-653-2633

**Client** \_\_\_\_\_ **Claim #** \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_

**Date of Injury** \_\_\_\_\_ **Wage (AWW)** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
**Occupation** \_\_\_\_\_ **Jurisdiction (state of injury)** \_\_\_\_\_  
**Type of Injury** \_\_\_\_\_

**Employer** \_\_\_\_\_  
**Contact Person** \_\_\_\_\_ **Phone #** \_\_\_\_\_  
**Address** \_\_\_\_\_

**Referral Source** \_\_\_\_\_ **Phone #** \_\_\_\_\_  
**Address** \_\_\_\_\_  
\_\_\_\_\_ **Referred By** \_\_\_\_\_

**Defense Attorney** \_\_\_\_\_ **Phone #** \_\_\_\_\_  
**Address** \_\_\_\_\_

**Plaintiff Attorney** \_\_\_\_\_ **Phone #** \_\_\_\_\_  
**Address** \_\_\_\_\_

**Attending Physician** \_\_\_\_\_ **Phone #** \_\_\_\_\_  
**Address** \_\_\_\_\_

### Services Requested:

Medical Case Mgmt. \_\_\_\_\_ Vocational Case Mgmt. \_\_\_\_\_ Job Placement \_\_\_\_\_  
Vocational Assessment \_\_\_\_\_ Medical Cost Projection \_\_\_\_\_ Labor Market Survey \_\_\_\_\_

Life Care  
Planning \_\_\_\_\_

Comments \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_