



VOCATIONAL SPECIALISTS

Scan to Refer Online



REFERRAL FORM

17821 17th Street, Ste. 250, Tustin, CA 92780

Office: 714-505-2093

Fax: 714-760-4406

vocreferral@vcomanagementllc.com

vcvocationalspecialists.com



SUBMIT THIS REFERRAL

Fax to 714-760-4406 | Email to vocreferral@vcomanagementllc.com | Complete online at vcvocationalspecialists.com/referrals or scan QR Code above

STEP 1 — CASE TYPE

Is this an AVE referral? Yes No

This is a:

- Workers' Comp
- SIBTF
- Personal Injury / Civil
- Longshore & Harbor
- Social Security
- Other: _____

STEP 2 — SERVICES AUTHORIZED (CHECK ALL THAT APPLY)

Vocational Evaluation & Report — Emphasis (if applicable):

- LeBoeuf
- Havanis
- Vigil
- Nunes I & II
- Kite
- Other: _____

OTHER SERVICES — available for any case type

- Forensic Vocational Evaluation
- Earning Capacity Analysis
- Labor Market Survey
- Expert Testimony (deposition / trial)
- ADA / Accommodation Analysis

SUBMIT WITH YOUR REFERRAL

- Demographic sheet
- Signed retainer agreement
- Permanent disability rating
- Retainer fee payment
- Medical reports (AME/QME/Surgical)

FINAL REPORT TO BE SENT TO

- Applicant Attorney
- Defense Attorney
- Claims Specialist
- Other: _____

INJURED EMPLOYEE / PLAINTIFF

Name _____

Email _____

Address _____

City/State/Zip _____

Telephone _____ DOB _____

Language _____ WCAB# _____

Gender M F Other _____

Occupation _____ Date of injury _____

Injured body parts _____

EMPLOYER

Name _____

Address _____

City/State/Zip _____

Telephone _____

Contact _____

Email _____

APPLICANT / PLAINTIFF ATTORNEY

REFERRING PARTY

Attorney name _____

Law firm _____

Address _____

City/State/Zip _____

Telephone _____ Fax _____

Attorney email _____

Point of contact _____

Contact email _____

DEFENSE ATTORNEY

REFERRING PARTY

Attorney name _____

Law firm _____

Address _____

City/State/Zip _____

Telephone _____ Fax _____

Attorney email _____

Point of contact _____

Contact email _____

CLAIMS SPECIALIST

REFERRING PARTY

Name _____

Company _____

Address _____

City/State/Zip _____

Telephone _____ Fax _____

Email _____

Claim # _____ Date referred _____

COMMENTS OR SPECIAL INSTRUCTIONS