



# DIVISION OF WORKERS' COMPENSATION

421 East Dunklin Street  
P.O. Box 58  
Jefferson City, MO 65102-0058  
Phone: 573-751-4231  
www.labor.mo.gov/DWC  
Email: workerscomp@labor.mo.gov

**MICHAEL L. PARSON**  
GOVERNOR  
**ANNA S. HUI**  
DEPARTMENT DIRECTOR  
**PAMELA B. LEWIS**  
DIVISION DIRECTOR

## REPORT OF SERIOUS INJURY REFERRAL FORM

Please complete this form for an injured worker that you feel may qualify as seriously injured for Second Injury Fund rehabilitation benefits.

Complete to the best of your knowledge.

Injured worker: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ SSN: \_\_\_\_\_

Serious Injury Category (circle at least one):

- Quadriplegia;
- Paraplegia;
- Amputation of hand, arm, foot or leg;
- Atrophy due to nerve injuries or non-use;
- Back injuries not amenable alone to recognized medical and surgical procedures;
- Crushing injuries;
- Severe burn injuries;
- Other injuries in the Division's discretion that may constitute a significant impairment.

Treating Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Rehab Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Name of Person referring: \_\_\_\_\_

Relationship to worker: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

**Fax to: 573-522-1623**

**or**

**Mail to: Division of Workers' Compensation**

**Attn: BAU - Rehab**

**P.O. Box 58**

**Jefferson City, MO 65101**

WCR-6

**Phone: 573-522-6960**

*Missouri Division of Workers' Compensation is an equal opportunity employer/program.*

*Auxiliary aids and services are available upon request to individuals with disabilities.*

*TDD/TTY: 800-735-2966 Relay Missouri: 711*