



Labor and Industries Intake Form

Andrea Munson, Licensed Massage Practitioner

Please fill out this form if you have a Labor and Industries (L&I) claim.

Name _____

Address _____

City _____ State _____ Zip _____

Phone (h) _____ (w) _____

Employer _____

Date of Injury _____

Have you opened a claim? ____ yes ____ no

Is this claim open with a WA State L & I or is it with a self-insured company?

Claim # _____

Address for Claims _____

Referring Physician _____

Physician's Phone _____