

2. Present Condition

(a) Is surgery: Required? Yes ___ No ___ Elective? Yes ___ No ___

If surgery is required, when was this patient informed by the attending physician?

Month _____ Day _____ Year _____

(b) Is patient? (Check One)

Ambulatory _____ House Confined _____ Bed Confined _____ Hospitalized _____

(c) Give a brief narrative of the nature and extent of the illness/injury: _____

3. Diagnosis: _____

4. Treatment for this illness/injury

(a) Date of first visit? Month _____ Day _____ Year _____

(b) Frequency of visits? Weekly ___ Monthly ___ Other _____

(c) When did you last examine the patient? Month _____ Day _____ Year _____

(d) Give a brief description of the treatment: _____

5. Prognosis

(a) If there are no further complications, what is the minimum recovery time to return to work? Approximate return date: _____

(b) What is the maximum recovery time to return to work? Approximate return date: _____

(c) Would there be the possibility of this patient returning to work on a part-time basis with job duties altered within reason to better fit his/her needs? Yes _____ No _____ (if so, how soon) Approximate return date: _____

Please explain limitations: _____

Please Feel Free to Attach Any Additional Documentation

Clinic Name

Signature of Attending Physician

Address

Date

Telephone