CENTER FOR WORK INJURIES
Another service from the Center for Orthopaedics & Sports Medicine

1265 Wayne Avenue, 119 Professional Center, Suite 307, Indiana, PA 15701, Phone: 724.465.2676
Foot and Ankle, 983 Philadelphia Street, Indiana, PA 15701, 724.465.2676
720 West Mahoning Street, Keystone Professional Center, Suite 200, Punxsutawney, PA 15767, Phone: 814.938.0740

WORKERS COMPENSATION VISIT INFORMATION FORM

Last	First	MI	DOB/AGE		PCP

Date of Visit:	Employer Name:	Job Title:

Case Manager/Nurse Reviewer attended the appointment. Name:_____

DIAGNOSIS

RIGHT LEFT BILATERAL _____
RIGHT LEFT BILATERAL _____

TREATMENT

Referred to PT/OT
Testing Ordered. Type:_____
Medical Devices. Type:_____
Surgery Date:_____ / _____ / _____
Medication: Type:_____
Other: _____

Activity Status

UNABLE to return to work effective_____Until_____ Next Visit
Return to MODIFIED DUTY effective_____Until_____with RESTRICTIONS* Next Visit
Return to FULL DUTY effective_____

***RESTRICTIONS:**

Employee Cannot Use Right / Left _____
Employee Cannot Operate: Electrical Equipment / Machinery / Vehicle Walk Climb Stairs/Ladder
Employee Cannot: Bend/Stoop Twist Kneel Work Overhead Push/Pull>_____ lbs.

APPROXIMATE LIFTING / TOLERANCE CAPABILITIES*:

If absolute tolerances need to be defined, a Functional Capacity Evaluation is recommended.
Sedentary (up to 10 lbs)
Light (up to 20 lbs)
Medium (up to 50 lbs)
Heavy (up to 100 lbs)
Very Heavy (>100 lbs) **NEXT APPOINTMENT DATE:**_____

**As defined by the U.S. Dept of Labor*

Provider Signature_____ Date _____
Medical Assistant _____ Date _____

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