Human Motion Institute, 120 IRMC Dr., Suite 160, Indiana, PA 15701, Phone: 724.465.2676
Indiana at Chestnut Ridge, Suite 103,25 Colony Boulevard, Blairsville, PA 15717, Phone: 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 / Continue 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/Crawl Work Overhead Push/Pull>_____ lbs.
No underground work
Sitting Work Only

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 ____

David T. Bizousky, MD Douglas S. Fugate, MD Craig C. McKirgan, DO Jagadeesha N. Shetty, MD David B. Wilson, MD
Howard Miller, DPM Alan Keefe, MPA-C Christa Pontani, CRNP Tabitha Conrad, PA-C