

To what extent does the secondary diagnosis contribute to the patient's condition?

- Significantly Equally with primary diagnosis Slightly Not a contributing factor

2. Present Condition

a) Date of examination these findings are based on

Day	Month	Year		

b) Please describe complications, recent surgery or new independent conditions which are contributing to the duration of disability.

c) Height: _____ Weight: _____

d) Is Patient: Ambulatory Bed Confined House Confined Hospital Confined

e) Supporting clinical evidence of present condition (detailed description of physical findings, lab tests, consultation reports). **(Please attach copies of current X-ray reports, E.K.G. reports or other test results and reports).**

3. Cardiac Condition

a) Functional capacity (American Heart Association)

- Class 1 (no limitation) Class 2 (slight limitation) Class 3 (marked limitation) Class 4 (complete limitation)

b) Blood Pressure (latest visit): _____

4. Progress

Has patient: Recovered Improved Not Improved Retrogressed

5. Treatment

a) Present Treatment _____

b) Medication (names and dosages) _____

5. Treatment (continued)

c) Future Treatment Plan _____

d) Prognosis _____

e) Date of first visit

Day	Month	Year

 Date of last visit

Day	Month	Year

f) Frequency of visits: Weekly Monthly Other (specify): _____

g) Is patient following recommended treatment program? Yes No If "No", please comment:

h) Other treating and consulting physicians/specialists:

Name	Specialty	Date of Latest Visit

6. Prognosis

a) Medically able to return to work at **own** occupation.

Full-Time

Day	Month	Year

Part-Time

Day	Month	Year

b) If medically unable to return to **own** occupation, when will patient be able to seek other employment?

Full-Time

Day	Month	Year

Part-Time

Day	Month	Year

c) If indefinite, estimate the number of additional weeks/months before patient's return to work.

_____ Weeks _____ Months

d) Describe the current restriction and or limitations.

e) Would the services of a rehabilitation consultant be useful to assist your patient to return to work? Yes No

f) Is patient a suitable candidate for some form of trial employment or retraining? Yes No

If "Yes", please comment: _____

7. Additional Information

Supporting Clinical Evidence

Attached

Unavailable

a) Consultation Reports

b) Lab Tests

c) Diagnostic Test Results

d) Clinical Notes

e) Other Test Results and Reports

Remarks
