

Additional pages attached

Patient Last Anderson First Tiffany DOB 8/22/70 Date of Exam: 7/18/11 Case #: 118168567

Occupation Pesticide Applicator SS# 549-23-5133 Date of Injury 6/29/11 Claim # _____

Employer: SJC MOSQUITO & VECTOR Contact: JOHN STROH Tel: (209) 982-4675 Fax: 209 982-0120

Claims Administrator SJC MOSQUITO & VECTOR Tel: (209) 982-4675 Fax: 209 982-0120

REASON FOR SUBMITTING REPORT (Check all that apply. If any box aside from "Other" applies, this report qualifies as mandatory.)

- Change in patient's condition
- Change in work status
- Change in treatment plan
- Need for referral or consultation
- Need for surgery or hospitalization
- Periodic Report (45 days after last report)
- Info. requested by: _____
- Released from Care
- Request for Authorization
- Other: _____

PATIENT STATUS Since the last exam, this patient's condition has:

- improved as expected
- worsened
- improved, but slower than expected
- reached plateau and no further improvement is expected
- not improved significantly
- been determined to be non-work related

SUBJECTIVE COMPLAINTS (Document and describe significant complaints)

No intermittent pain @ knee

OBJECTIVE FINDINGS (Document significant exam findings, lab, imaging, and other diagnostic testing)

*no obj. findings
Healed superficial abrasion*

① memory. ② ligament instability of joint

DIAGNOSES (Include ICD-9 code, if possible)

Contusion/Abrasion @ leg

TREATMENT

- Office Visit / Injury Treatment
- Start / Continue
- Therapy: _____ times / week for _____ weeks.
- Ergonomic Eval
- Start / Continue
- Chiro: _____ times / week for _____ weeks.
- Other _____

Meds / Supplies Dispensed _____

Consultation / Referral Requested / Pending. Specialty _____ Work status to be determined by specialist.

Estimated length of treatment is now _____ weeks

WORK STATUS

First Aid Case

- Return / Continue... to work without restrictions.
- Off work until (Date) _____ Estimated period of total temporary disability _____ days.
- Off the balance of this shift only. Then RTW on (Date) _____ to Full / Modified duty. Re-evaluate work status before next shift.
- Return to work as of (Date) _____ with the restrictions indicated below. Estimated duration of modified duty is _____ days.

- () No work near moving machinery
- () No / () Limited use of R / L hand to _____ hrs/day
- () No / () Limited standing or walking to _____ hrs/day
- () No / () Limited overhead work to _____ hrs/day
- () No / () Limited stooping and bending to _____ hrs/day
- () No / () Limited kneeling or squatting to _____ hrs/day
- () No / () Limited Lift Pull Push
- Up to: 10 lbs 25 lbs 50 lbs _____ lbs
- () No climbing
- () Sit down job
- () Must wear Splint Immobilizer Back support Cage
- Other _____
- () Must keep _____ elevated
- () Keep wound/bandage clean and dry
- () Must take a _____ minute stretch break every _____ minutes from
- () Keyboard / () _____
- () Other _____

Medical status was discussed with employer representative _____

DISCHARGE STATUS

- Return to full duty on (Date) _____ with no limitations or restrictions. Released from care without ratable disability or need for future medical care.
- Patient discharged as permanent and stationary with either impairment, work restrictions and/or need for future medical care. A PR-4 to follow.
- NON-INDUSTRIAL.** Patient instructed to see private physician at own expense.

PRIMARY TREATING PHYSICIAN

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code S 139.3.

Name Jon Eck, M.D. Cal. Lic # _____ Date of Exam 7/18/11

Specialty: _____ Signature _____

Executed at: **USHW of California - Stockton, 3663 E. ARCH ROAD, SUITE # 400, STOCKTON, CA 95215** Tel: **(209) 943-2202**

YOUR NEXT APPOINTMENT WITH THE DOCTOR IS ON:

- MON TUE WED THUR FRI SAT

DATE: AC TIME: _____ Before / After Shift

PLEASE CALL IN ADVANCE IF YOU WILL BE UNABLE TO KEEP THIS APPOINTMENT.

YOUR NEXT APPOINTMENT FOR PHYSICAL THERAPY IS ON:

- MON TUE WED THUR FRI SAT

DATE: _____ TIME: _____ Before / After Shift

PLEASE CALL IN ADVANCE IF YOU WILL BE UNABLE TO KEEP THIS APPOINTMENT.