

DAMERON HOSPITAL OCCUPATIONAL INJURY CLINIC

WORK STATUS REPORT - WORKSHEET

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Employee Name: Anderson, Tiffany K		Date of this Examination: 10/14/2005	
Employer: SJ Mosquito and Vector		Clinic Case Number: 78225	
DIAGNOSIS: _____			
CLINICAL STATUS: <input type="checkbox"/> Q1: Improved, as expected <input type="checkbox"/> Q2: Improving slowly <input type="checkbox"/> Q3: No significant change <input type="checkbox"/> Q4: Worse			
PT/OT: <input type="checkbox"/> W1: Continue as prescribed <input type="checkbox"/> W2: 3x/wk - 2 week <input type="checkbox"/> W3: 3x/wk - 1 week <input type="checkbox"/> W4: One visit <input type="checkbox"/> W5: Non-DHA PT			
RECOMMENDED EVALUATION / DIAGNOSTIC STUDIES: <input type="checkbox"/> E1: MRI <input type="checkbox"/> E2: CT Scan <input type="checkbox"/> E3: NCS <input type="checkbox"/> E4: Work Conditioning <input type="checkbox"/> E5: Epidurals <input type="checkbox"/> E6: Ergo Evaluation			
REFERRAL / CONSULT: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> R10: Orthopedist</div> <div style="width: 50%;"><input type="checkbox"/> R14: General Surgeon</div> <div style="width: 50%;"><input type="checkbox"/> R18: ENT</div> <div style="width: 50%;"><input type="checkbox"/> R22: Health Club</div> <div style="width: 50%;"><input type="checkbox"/> R11: Ophthalmologist</div> <div style="width: 50%;"><input type="checkbox"/> R15: Neurologist</div> <div style="width: 50%;"><input type="checkbox"/> R19: Dermatology</div> <div style="width: 50%;"><input type="checkbox"/> R23: Urology</div> <div style="width: 50%;"><input type="checkbox"/> R12: Neurosurgeon</div> <div style="width: 50%;"><input type="checkbox"/> R16: Psych</div> <div style="width: 50%;"><input type="checkbox"/> R20: Pain Mgmt</div> <div style="width: 50%;"><input type="checkbox"/> R24: Acupuncture</div> <div style="width: 50%;"><input type="checkbox"/> R13: Hand Specialist</div> <div style="width: 50%;"><input type="checkbox"/> R17: Physiatrist</div> <div style="width: 50%;"><input type="checkbox"/> R21: Dentist</div> <div style="width: 50%;"><input type="checkbox"/> R25: Podiatrist</div> </div>			
WORK STATUS: <u>Full work duties</u> <input checked="" type="checkbox"/> <u>Modified work duties</u> <input type="checkbox"/> <u>Off balance of shift, modified work</u> <input type="checkbox"/> <u>Off balance of shift, full work duties</u> <input type="checkbox"/> <u>No work until next appt.</u> <input type="checkbox"/> <u>Current WS until Specialist appt.</u> <input type="checkbox"/>			
WORK RESTRICTIONS: 10/15/05 <div style="display: flex;"> <div style="flex: 1;"> <u>No lift / carry >:</u> <input type="checkbox"/> A09: 50# <input type="checkbox"/> A10: 10-15# <input type="checkbox"/> A11: 30# <input type="checkbox"/> A12: 5# <u>Lower Extremity</u> <input type="checkbox"/> A18: No crawl / kneel / squat <input type="checkbox"/> A19: No climbing ladders <input type="checkbox"/> A20: Use crutches as directed <input type="checkbox"/> A21: Elevate as directed <input type="checkbox"/> A22: Use cane as directed <u>Upper Extremity</u> <input type="checkbox"/> S10: Wear splint / sling as directed <input type="checkbox"/> S11: No frequent / repetitive use of wrist / hand <input type="checkbox"/> S12: No heavy pushing or pulling <input type="checkbox"/> S13: No use of arm above shoulder <input type="checkbox"/> S14: No forceful hand grasp <input type="checkbox"/> S15: No use of injured body part </div> <div style="flex: 1;"> <u>No prolonged:</u> <input type="checkbox"/> A15: Stand/Walk <input type="checkbox"/> A16: Sitting <u>Other Back/Neck</u> <input type="checkbox"/> A13: No frequent lift, bend, twist, stoop at waist <input type="checkbox"/> A14: Limit twist / bend at neck <input type="checkbox"/> A17: Desk / sedentary only <u>Miscellaneous</u> <input type="checkbox"/> S16: Limited use of injured body part <input type="checkbox"/> S17: May advance work activities as tolerated <input type="checkbox"/> S18: Keep dressing clean and dry <input type="checkbox"/> S19: No operating company vehicles <input type="checkbox"/> S20: No exposure to heat <input type="checkbox"/> S21: No exposure to cold <input type="checkbox"/> S22: No exposure to chemical, vapors, fumes <input type="checkbox"/> S23: No welding <input type="checkbox"/> S24: Avoid physical altercations <input type="checkbox"/> S25: Avoid wearing latex gloves <input type="checkbox"/> S27: Limit keyboarding: 45 min/hr <input type="checkbox"/> S28: Limit keyboarding: 4 hr/day </div> </div>			
PR STATUS: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> PR-1: Periodic Report</div> <div style="width: 33%;"><input type="checkbox"/> PR-4: Change in Tx Plan</div> <div style="width: 33%;"><input type="checkbox"/> PR-7: Discharge</div> <div style="width: 33%;"><input type="checkbox"/> PR-2: Change in Work Status</div> <div style="width: 33%;"><input type="checkbox"/> PR-5: Referral/Consult</div> <div style="width: 33%;"><input type="checkbox"/> PR-8: Request by Adjuster</div> <div style="width: 33%;"><input type="checkbox"/> PR-3: Change in Pt. Condition</div> <div style="width: 33%;"><input type="checkbox"/> PR-6: Surgery/Hospitalization</div> <div style="width: 33%;"><input type="checkbox"/> PR-9: Other: _____</div> </div>			
DISPOSITION: <input type="checkbox"/> D1: Consult <input type="checkbox"/> D2: Final Discharge without residuals, PR-2 to follow <input type="checkbox"/> D5: Referral / Transfer of care <input type="checkbox"/> D4: Final Discharge with residuals, PR-3 to follow <input type="checkbox"/> D6: Non-occupational, refer to PMD <input type="checkbox"/> D3: First Aid			
Next scheduled appointment: <u>Nov.</u>		Provider Initial: <u>d/v</u>	