



WORKER'S COMPENSATION VERIFICATION FORM

WellLife By Schneck 100 N Walnut St, Seymour, IN

Phone: 812-523-5185 Fax: 812-523-3826

PATIENT INFORMATION:

EPISODE#: _____ DATE: _____

Name _____ Birthdate _____ S.S. #: _____

Address _____ Telephone _____

INJURY REPORT:

Date of Injury: _____ Time of Injury: _____

Location Where Injury Occurred (department name, company vehicle, etc): _____

Description of Injury/Accident: _____

Body Part Injured: _____

EMPLOYMENT INFORMATION (At time of injury):

Job Title*: _____ *Please send/attach job description of injured team member.

Employer: _____ Contact: _____

Telephone: _____ Fax #: _____

Address _____

WORKER'S COMPENSATION INSURANCE CO. INFORMATION:

Name: _____ Claim #: _____

Address: _____

Case Adjuster: _____ Telephone: _____

Email: _____ Fax #: _____

Nurse Case Manager: _____ Telephone: _____

Email: _____ Fax #: _____



Next Scheduled Appointment Date & Time: _____

___ Send copy with the patient ___ Fax/email form with progress notes to claim adjuster ___ Fax/Email form to employer

WORKER COMPENSATION WORK STATUS FORM



Team Member Name: _____

Date of Birth: _____

Visit Date: _____

WORK STATUS: No restrictions Restrictions as noted below

Worker can (related to work injury)	None	Seldom 0-1 hour	Occasional 1-3 hours	Frequent 3-6 hours	Constant 6 or more hours
Sit					
Stand/Walk					
Climb ladder/stairs					
Twisting					
Bending/Stooping					
Squatting/Kneeling					
Crawling					
Reaching (Left/Right/Both)					
Work above shoulders (Left/Right/Both)					
Keyboarding					
Grasping (Left/Right/Both)					
Operate foot controls (Left/Right/Both)					

LIFTING/PUSHING/PULLING:

	Never _____ pounds	Seldom (0-1 hr) _____ pounds	Occasional (1-3 hrs) _____ pounds	Frequent (3-6 hrs) _____ pounds	Constant _____ pounds
Lifting (Left/Right/Both)					
Carry (Left/Right/Both)					
Push/Pull (Left/Right/Both)					

PLAN

Progress: As expected or better than expected Slower than expected

Current rehab: PT/OT Work hardening Home exercises PT/OT Home exercises with handouts given

Medications: OTC Naproxen 440mg every 12 hours with food OTC ibuprofen 600mg every 8 hours with food

OTC acetaminophen 1000mg every 8 hours Prescription: _____

Nonpharmacological treatments: Cold application Heat application Non-rigid splint/wrap Rigid splint

Elevation of extremity Alternate sitting and standing as needed

Pending Work Comp Service Approvals: PT/OT CT MRI Referral/Other: _____

Follow up appointment: _____ Released from care Referred to _____

Provider Signature: _____

Date: _____

Melissa Anderson, NP Michelle Michael, PA Brilyn Banister, PA