WEST TENNESSEE BONE & JOINT
"Keeping You Active"

# WORKERS COMPENSATION FORM

## PROVIDER REPORT

WEST TENNESSEE BONE & JOINT "Keeping You Active"
(731)-661-9825
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Fax: (731)-410-2376
24 Physicians Drive • Jackson, Tennessee 38305

| EMPLOYEE/PATIENT: PLEASE COMPLETE THIS TOP SECTION ONLY | | | Date: |
|---|---|---|---|
| Last Name: | First: | MI | Social Security #: |
| Home Phone: | Birth Date: | Claim # | Employer Name: |
| INJURY Date: (or first symptom) | | Reason for Visit | |

***Check One:***
☐ INITIAL ☐ REVISIT ☐ Patient Missed Appointment
TIME IN: TIME OUT:

**DIAGNOSIS:** _____

X-Ray: _____
Are history and findings compatible for this diagnosis to be work related ☐ Yes ☐ No
Do pre-existing or other conditions contribute to current injury/illness? ☐ Yes ☐ No

**TREATMENT PLAN:**
☐ OTC: _____
☐ Rx: Take as directed, follow label precautions _____

**PROCEDURES:**
☐ Sutures _____
Injection: ☐ Td ☐ Corticosteroid _____
Other: _____

**Patient Instructions or Notes:** ☐ see attached

☐ Ice and elevate _____ ☐ Heat and stretch routines _____

**NEXT APPOINTMENT WITH THIS CLINIC:**
Date and time: M T W R F ____/____/____ @ ____ m ☐ Released ☐ MMI Reached

**ACTIVITY/WORK STATUS:**

| | No | Avoid | |
|---|---|---|---|
| | ☐ | ☐ lift push > _____ lbs. | ☐ elevate injured extremity |
| ☐ No activity allowed until: _____ | ☐ | ☐ stooping/bending/twisting | ☐ sit/stand/walk at will |
| | ☐ | ☐ squatting/climbing/crawling | ☐ limited to splint (restricted motion) |
| ☐ Restricted as marked until: _____ | ☐ | ☐ use of injured hand(s), arm(s) | ☐ keep affected area clean & dry |
| (sick leave if restriction not available) | ☐ | ☐ repetitive/heavy grips | ☐ other: _____ |
| | ☐ | ☐ vibratory tools/bent wrist | |
| ☐ Full/Usual duties allowed: _____ | ☐ | ☐ over shoulder work | |
| | ☐ | ☐ prolonged or uneven walk/stand | |
| | ☐ | ☐ forceful motion injured joint | |
| | ☐ | ☐ driving/hazards/heights (safety) | |

I understand these instructions and acknowledge receipt of a copy.

Physician:
Signed: _____

Patient Signature: _____ Printed: _____