

**WORKER'S COMPENSATION INITIAL INJURY REPORT / PROVIDERS REPORT TO EMPLOYER  
ENTIRA FAMILY CLINICS**

**Today's Date:** \_\_\_\_\_  
 Employee Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Personal Health Insurance \_\_\_\_\_ ID # \_\_\_\_\_ Grp# \_\_\_\_\_  
 Subscriber Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Date of Injury (DOI)** \_\_\_\_\_ **Area of Body Injured** \_\_\_\_\_ **Claim #** \_\_\_\_\_

Company Contact Person (Supervisor) \_\_\_\_\_ Company Phone \_\_\_\_\_  
 Employer Name and Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Occupation \_\_\_\_\_ Was Employer notified of this injury? \_\_\_\_ Yes \_\_\_\_ No  
 State how injury occurred \_\_\_\_\_

List any prior significant related injury \_\_\_\_\_  
 Have you missed any work because of this injury? \_\_\_\_ Yes \_\_\_\_ No If so, what dates? \_\_\_\_\_  
 Did you receive any emergency treatment? \_\_\_\_ Yes \_\_\_\_ No, If so, Where? \_\_\_\_\_

**Name and Address of Workers Comp Insurance** \_\_\_\_\_  
 Name \_\_\_\_\_ Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**ASSESSMENT OF INJURY- Physician Comments:**

**Diagnosis:** \_\_\_\_\_ Permanent disability likely \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Do not know  
**DID THIS INJURY PREVENT THE EMPLOYEE FROM WORKING?** \_\_\_\_ Yes \_\_\_\_ No

If yes, the employee is / was:

- A. Totally unable to work from \_\_\_\_\_ through \_\_\_\_\_.
- B. Able to return to work with restrictions (see below Physical Capabilities) from \_\_\_\_\_ through \_\_\_\_\_.
- C. Able to work without restrictions as of \_\_\_\_\_.
- D. Hours per day may work \_\_\_\_\_.

Date of maximum medical improvement(MMI) \_\_\_\_\_ Return visit \_\_\_\_ Yes \_\_\_\_ No If yes, date of return visit \_\_\_\_\_  
 Patient referred to: \_\_\_\_\_

**Physical Capabilities:**

**Injury Care Instruction:**

Patient <u>CAN</u>	Not at all	Occasionally 1-33%	Frequently 34-66%	Continuously 67-100%
Lift /Carry up to 10lbs				
11-20 lbs				
21-50 lbs				
51-100 lbs				
Bend				
Twist / Turn				
Reach above shoulder level				
Reach below knee level				
Stand or walk				
Sit				

**Use hands for repetitive action such as:** Left [ ] Right [ ] Both [ ]

Simple grasping				
Firm grasping				
Fine manipulation				

**Provider signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_