

PART 2: TO BE COMPLETED BY ATTENDING PHYSICIAN

PATIENT'S NAME		SOCIAL SECURITY NUMBER (SSN)	BIRTHDATE
DIAGNOSIS AND CONCURRENT CONDITIONS, INCLUDING ICD-10 OR DSM-III CODE.			
IS ACCIDENT/INJURY OR ILLNESS WORK RELATED: <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE OF ACCIDENT/INJURY OR BEGINNING DATE OF ILLNESS	DATE OF FIRST VISIT FOR CURRENT CONDITION	
IF DISABILITY IS DUE TO PREGNANCY, PLEASE PROVIDE EXPECTED DATE OF DELIVERY:			
DATES OF SERVICE – INCLUDE DATE OF NEXT APPOINTMENT: _____			
HAS PATIENT EVER HAD SAME OR SIMILAR CONTITION? <input type="checkbox"/> Yes <input type="checkbox"/> No IF "YES" , WHEN AND DESCRIBE		PATIENT STILL UNDER YOUR CARE FOR THIS CONDITION <input type="checkbox"/> Yes <input type="checkbox"/> No	
HAS PATIENT BEEN HOSPITAL CONFINED? <input type="checkbox"/> Yes <input type="checkbox"/> No IF "YES", CONFINED FROM _____ THRU _____ NAME AND ADDRESS OF HOSPITAL			
PROVIDE SURGICAL PROCEDURES PERFORMED RELATED TO THIS CONDITION, IF ANY _____			
<input type="checkbox"/> INPATIENT <input type="checkbox"/> OUTPATIENT DATE(S) PERFORMED _____			
CONSIDERING THE PATIENT'S OCCUPATION, COULD PATIENT RESUME DUTIES OF HIS/HER USUAL AND CUSTOMARY WORK WHILE CONTINUING TREATMENT <input type="checkbox"/> Yes <input type="checkbox"/> No IF "NO" PLEASE EXPLAIN _____ _____			
PATIENT WAS CONTINUOUSLY TOTALLY DISABLED – (UNABLE TO WORK) FROM: _____ THRU: _____		IF STILL DISABLED, PLEASE PROVIDE THE DATE THE PATIENT SHOULD BE ABLE TO RETURN TO WORK.	
IF PATIENT WILL NOT BE ABLE TO RETURN TO HIS/HER OWN OCCUPATION, WILL THE PATIENT BE ABLE WORK AT ANY OCCUPATION? <input type="checkbox"/> Yes <input type="checkbox"/> No IF "NO" PLEASE EXPLAIN _____ _____			
REMARKS: WE ARE INTERESTED IN ANY INFORMATION THAT WOULD BE HELPFUL TO YOUR PATIENT FOR EVALUATION OF THIS CLAIM.			
PHYSICIANS NAME (PRINT) SIGNATURE			DEGREE
SOCIAL SECURITY NUMBER	TAX IDENTIFICATION NUMBER	EMAIL ADDRESS:	
STREET ADDRESS	CITY OR TOWN	STATE OR PROVINCE	ZIP CODE
PHONE NUMBER:		FAX NUMBER:	
_____ SIGNATURE			_____ DATE