

Employer / Insurer

First Contact Form

Employer: _____

Person you are speaking to: _____

I am calling to notify you that _____ (*patient's name*)

has been scheduled for an appointment in relationship to a work-related-injury that took place on

____/____/____. Is this the correct date? Yes ____ No ____

It is Dr. _____ policy to return the patient to work as quickly as possible. Would you mind providing me with a little information? Yes ____ No ____

Do you have a Job Description for this individual? Yes ____ No ____

Do you have a list of Physical Demands for Mr./Mrs. _____ job? Yes ____ No ____

Does Your Company Have Light Duty or Transitional Work available? Yes ____ No ____

Would you fax this information to my office? Yes ____ No ____ Our Fax number is: _____

If not, ask to speak to someone who can verbally describe the injured worker's job and the tasks required to do the job? (*You can fax the form to obtain physical demands*)

What is the name of the person that I should communicate with regarding this worker's treatment and disability if any: _____

Phone No.: _____ Fax No.: _____

Email Address: _____

Are there others you would like for me to provide information to? If so, make a list:

Name: _____ Title: _____

Name of Insurance Company: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone No: _____ Contact Person: _____

Tell person: After the doctor has completed the initial examination of _____ (patient) our office will send the results of the initial evaluation, a treatment plan, and a return to work status form. Dr. _____ may call if he/she needs to discuss this patient's care in greater detail. Additionally, please feel free to call the doctor anytime you have questions about this individual's condition, treatment plan and/or disability/return to work plan.

Staff Member Name: _____ Date: ____/____/____