

ORTHOPEDIC & SPINE THERAPY

WORKPLACE SOLUTIONS INTAKE FORM

Patient Name _____

Date of Birth _____

Case Manager _____

Phone Number _____

Employer _____

Work Supervisor _____

Phone Number _____

Are you working now?

Yes

No

**Please provide a copy of the RTW Physical Capabilities Form to OST*

Current duty/restrictions _____

Is transitional or light duty offered at your employer?

Yes

No

Are you aware of any barriers to return to work? _____

What specific concerns do you have when you return to work? _____

What are your return-to-work goals? _____

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How often/much while working do you perform the following activities:

Rarely = 0-5%

Occasionally = 1-33%

Frequently = 34-66%

Continuously = 67-100%

LIFTING/CARRYING

10 lbs. or less	Rarely	Occasionally	Frequently	Continuously
11 - 20 lbs.	Rarely	Occasionally	Frequently	Continuously
21 - 40 lbs.	Rarely	Occasionally	Frequently	Continuously
41- 60 lbs.	Rarely	Occasionally	Frequently	Continuously
61 - 100 lbs.	Rarely	Occasionally	Frequently	Continuously

PUSHING/PULLING

13 - 25 lbs.	Rarely	Occasionally	Frequently	Continuously
26 - 40 lbs.	Rarely	Occasionally	Frequently	Continuously
41 - 60 lbs.	Rarely	Occasionally	Frequently	Continuously
61 - 100 lbs.	Rarely	Occasionally	Frequently	Continuously
100+ lbs.	Rarely	Occasionally	Frequently	Continuously

ACTIVITY

Bend	Rarely	Occasionally	Frequently	Continuously
Squat	Rarely	Occasionally	Frequently	Continuously
Kneel	Rarely	Occasionally	Frequently	Continuously
Twist/Turn	Rarely	Occasionally	Frequently	Continuously
Climb	Rarely	Occasionally	Frequently	Continuously

