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 Co	apabilities Form to OST
Current duty/restrictions	
Is transitional or light duty offered at yo	ur employer? Yes No
Are you aware of any barriers to return to w	work?
What specific concerns do you have when y	vou 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

Climb

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
<u>ACTIVITY</u>				
Bend	Rarely	Occasionally	Frequently	Continuously
Squat	Rarely	Occasionally	Frequently	Continuously
Kneel	Rarely	Occasionally	Frequently	Continuously
Twist/Turn	Rarely	Occasionally	Frequently	Continuously

Occasionally

Rarely

Frequently

Continuously

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ACTIVITY CONT.

Crawl	Rarely	Occasi	onally	Freque	ntly	Contin	uously
Reach Above Shou	lder	Rarely	Occasio	nally	Freque	ntly	Continuously
Sit/Drive	Rarely	Occasi	onally	Freque	ntly	Contin	uously
Stand/Walk	Rarely	Occasi	onally	Freque	ntly	Contin	uously
Work Overhead	Rarel	y Occa	asionally	Freq	uently	Cont	inuously
Work Shoulder Lev	/el	Rarely	Occasio	nally	Freque	ntly	Continuously

Additional Notes: _____

FOR OFFICE USE OF	NLY			
Send Records To:	Physician	Employer	Case Manager	Attorney
	Insurance	Other		