

ORTHOPEDIC & SPINE THERAPY

WORKPLACE SOLUTIONS INTAKE FORM

Patient Name _____ Date of Birth _____

Case manager _____ Phone # _____

Employer _____ Work Supervisor _____ Phone # _____

Are you working now? Yes ___ No ___ *** PROVIDE A COPY OF THE RTW PHYSICAL CAPABILITIES FORM to OST

Current duty/restrictions _____

Is transitional or light duty offered at your employer? _____

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

How often/much while working do you perform the following activities:
 R=rarely (0-5%), O=occasionally(1-33%), F=frequently(34-66%), C=continuously(67-100%) Average out

Lifting/Carrying	R	O	F	C	Activity	R	O	F	C
10 lbs. or less					Bend				
11 - 20 lbs.					Squat				
21 - 40 lbs.					Kneel				
41 - 60 lbs.					Twist/Turn				
61 - 100 lbs.					Climb				
					Crawl				
Pushing/Pulling									
13 - 25 lbs.					Reach Above Shoulder				
26 - 40 lbs.					Sit/Drive				
41 - 60 lbs.					Stand/Walk				
61 - 100 lbs.					Work Overhead				
100+ lbs.					Work Shoulder Level				

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

What is your return to work goal? _____

For Office Use Only

Send records to: Physician Employer Case Manager Attorney Insurance Other: