



Patient Status Report

The *Patient Status Report* must be completed and returned to IMWCA after each appointment. This form can be downloaded from www.imwca.org.

Employee: _____ Employer: _____

This section must be completed by the city/county/28E personnel department before employee sees physician.

Please attach the employee's job description and physical requirements or list below:

Does the employer have light duty/return to work programs available? YES NO

Employer Signature (date signed) Title

This section must be completed by the treating physician.

Physician: _____

Address: _____ City: _____

Date employee was seen: _____ Date employee was injured: _____

Initial/interval history: _____

Rx: _____

Impression: _____

Work related? YES NO UNDETERMINED

Disposition? Return to regular duties Date: _____
Return to duty with the following restrictions Date: _____

Off work

Restrictions apply to both work and non-work activities. Estimated disability: _____

Referral(s): _____

Next scheduled appointment: _____ Time employee released from appointment: _____

Physician's signature (date signed)