

1199SEIU Benefit Funds

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SUPPLEMENTAL MEDICAL INFORMATION PHYSICAL MEDICINE AND REHABILITATION

(To be completed by physician or independent referral consultant in physical medicine and rehabilitation)

MEMBER'S FULL NAME (FIRST, LAST)

MEMBER ID #

JOB TITLE

From this evaluation we need a detailed, objective assessment of the patient's ability to perform the specific physical tasks now required by his/her/their work, or if he/she/they cannot, a prognosis for when he/she/they will be able to, with what treatment regime and/or job modification. (DX and Ops Codable to ICD-10, CPT).

MAJOR DIAGNOSIS

SECONDARY DIAGNOSIS (IF ANY)

Operation or Procedures (Check one):

Undertaken; or _____ DATE (MM/DD/YYYY) Proposed _____ DATE (MM/DD/YYYY)

DATE OF ONSET OF MOST RECENT DISABILITY FROM THIS CONDITION (MM/DD/YYYY)

DATE OF ANY PRIOR DISABILITIES FROM SAME (MM/DD/YYYY)

What conservative therapy was instituted for this condition? Cold Bed board or Firm Mattress Heat Traction

If X-rays or other medical imaging were taken, what were the findings? (Attach report, if available) _____

Are there any specific findings of neurological deficit (calf measurement, anesthesia, paresthesia, etc.)? Please specify positive findings from your physical examination in terms of limitations of range of motion, walking, standing, etc. Specify locations of pain and tenderness, etc., or other relevant findings.

List the specific values from any other investigations undertaken, such as lab tests, EMGs, EKGs, stress tests, etc. that may be relevant to return to work. (Attach report if applicable).

In my opinion, the patient is:

Able Now
 Unable Now (prognosis for return-to-work date) _____ DATE (MM/DD/YYYY)

To Return to Work Either:
 A) At His/Her/Their Usual Job or
 B) To A Job with These Restrictions (Please Specify) _____ DATE (MM/DD/YYYY)

DATES OF TREATMENT (MM/DD/YYYY)

PHYSICIAN'S NAME (TYPE OR PRINT)

SIGNATURE

SOCIAL SECURITY #

TIN # (TAX ID)

MEDICAL SPECIALTY

PHONE NUMBER

ADDRESS

CITY

STATE

ZIP CODE

DATE OF EXAMINATION (MM/DD/YYYY)