

Attn: _____
Fax: _____

IN: _____ A/P
OUT: _____ A/P

PRIMARY CARE CLINICS OF GEORGIA
DAVID L. HOCKER, MD, MRO
1240 JESSE JEWELL PKWY, SUITE #370
GAINESVILLE, GA 30501
PHONE: (770) 536-1004 FAX: (770) 536-0905

WORK STATUS REPORT

Patient: _____ Date: _____

Height: _____ Weight: _____ Smoker: _____ Dominant Hand: _____

Diagnosis: _____ Injury Date: _____ Claim # _____

At This Time:

_____ Patient is unable to return to work.

_____ Patient may return to regular work with no restrictions. Date: _____ to _____

_____ Patient may return with limited duties as described below. Date: _____ to _____

_____ Seated _____ % of the day

_____ Stand for _____ hour intervals, _____ hours per shift

_____ No _____ Limit

_____ Overhead reaching

_____ Repetitive bending

_____ Weight bearing

_____ Stooping

_____ Use of right/left hand

_____ Avoid repetitive squeeze, twist of
affected hand

_____ Lifting, pushing, pulling

_____ Other: _____

_____ 5-8 lbs

_____ 10-15 lbs

_____ 20-30 lbs

The patient will be required to use/wear during the work day:

Crutches Brace Splint Dressing – Keep wound clean, dry and covered

Medical Necessity of not allowing patient to return to work:

_____ Actions taken at today's appointment:

Follow up plans:

_____ Patient is released from care on: _____

_____ Patient is to return: _____

_____ Appointment date/time: _____

_____ Recommended Referral/test: _____

_____ Work Related New Injury

_____ Work Related Exacerbation of Pre-Existing Condition

_____ Not Work Related

_____ Red Flags/Symptom Magnification