

DOCTOR'S FIRST REPORT OF OCCUPATIONAL INJURY OR ILLNESS

Within 5 days of your initial examination, for every occupational injury or illness, send two copies of this report to the employer's workers' compensation insurance carrier or the insured employer. Failure to file a timely doctor's report may result in assessment of a civil penalty. In the case of diagnosed or suspected pesticide poisoning, send a copy of the report to Division of Labor Statistics and Research, P.O. Box 420603, San Francisco, CA 94142-0603, and notify your local health officer by telephone within 24 hours.

1. INSURER NAME AND ADDRESS			PLEASE DO NOT USE THIS COLUMN		
2. EMPLOYER NAME			Case No.		
3. Address	No. and Street	City	Zip	Industry	
4. Nature of business (e.g., food manufacturing, building construction, retailer of women's clothes.)				County	
5. PATIENT NAME (first name, middle initial, last name)		6. Sex Male Female		7. Date of Birth Mo. Day Yr.	
8. Address: No. and Street		City	Zip	9. Telephone number ()	
10. Occupation (Specific job title)			11. Social Security Number		Disease
12. Injured at: No. and Street		City	County	Hospitalization	
13. Date and hour of injury or onset of illness		Mo. Day Yr.	Hour _____ a.m. _____ p.m.	14. Date last worked Mo. Day Yr.	
15. Date and hour of first examination or treatment		Mo. Day Yr.	Hour _____ a.m. _____ p.m.	16. Have you (or your office) previously treated patient? Yes No	
<p>Patient please complete this portion, if able to do so. Otherwise, doctor please complete immediately, inability or failure of a patient to complete this portion shall not affect his/her rights to workers' compensation under the California Labor Code.</p> <p>17. DESCRIBE HOW THE ACCIDENT OR EXPOSURE HAPPENED. (Give specific object, machinery or chemical. Use reverse side if more space is required.)</p>					
18. SUBJECTIVE COMPLAINTS (Describe fully. Use reverse side if more space is required.)					
19. OBJECTIVE FINDINGS (Use reverse side if more space is required.)					
A. Physical examination					
B. X-ray and laboratory results (State if non or pending.)					
20. DIAGNOSIS (if occupational illness specify etiologic agent and duration of exposure.)				Chemical or toxic compounds involved?	Yes No
				ICD-9 Code	_____ - _____
21. Are your findings and diagnosis consistent with patient's account of injury or onset of illness? Yes No If "no", please explain.					
22. Is there any other current condition that will impede or delay patient's recovery? Yes No If "yes", please explain.					
23. TREATMENT RENDERED (Use reverse side if more space is required.)					
24. If further treatment required, specify treatment plan/estimated duration.					
25. If hospitalized as inpatient, give hospital name and location			Date admitted	Mo. Day Yr.	Estimated stay
26. WORK STATUS -- Is patient able to perform usual work?		Yes	No		
If "no", date when patient can return to:		Regular work	/ /		
		Modified work	/ /	Specify restrictions _____	
Doctor's Signature _____			CA License Number _____		
Doctor Name and Degree (please type) _____			IRS Number _____		
Address _____			Telephone Number () _____		

1. On the initial visit a determination of the need for work restriction will be made and a written report given to the employer and injured worker.
2. Initial PT referrals are for 3 times per weeks for 3 weeks. If a specific facility is being requested the request must be submitted prior to the RFA (*request for authorization*) being submitted to the work comp carrier. Once the approval has been received no change for these requests will be accepted. This is applicable for referrals, physical therapy orders and all other treatment requests.
3. Referrals and treatment requests will be for providers and facilities within your carrier's Medical Provider Network, as well as at the discretion of your Primary Care Provider. What this means is that the time you will not necessarily be referred to a provider of your choice, but where your PCP feels you will receive the best treatment possible for your specific medical needs and within the MPN.
4. Insurance authorizations are requested through RFA's. Once they are made, it can take five to ten working days for them to be completed after your work comp carrier receives them. If we do not hear from your carrier within the ten working days we will send repeated RFA's in the attempt to initiate a response. We understand that this is a frustrating process for the patient and we do our best to minimize the wait time.
5. Once an authorization for consultations are received and the referral has been made they will not be changed. It is the patient's responsibility to contact the consulting provider and make an appointment with them. They will be given the name and number for the consult and/or the testing facility (*example: MRI, CT etc.*).
6. If the patient becomes non-compliant with the treatment plan that has been outlined by the PCP or fails to attend consultations or procedures, the patient will be considered as unmanageable and be designated permanent and stationary or at maximum medical improvement. Non-compliance and surly frustrated behavior towards staff will result in an administrative discharge.
7. All treatment requests and questions regarding your plan of care or treatment options must be discussed at the time of your clinical visit. We will not accept multiple phone calls or patient drop in's at the clinic for an off the record consult. If a new issue or question arises you can call for an extra appointment or be seen on a walk-in basis.
8. Worker's compensation cases have a certain flow of care inherent to them. Do not think that you can detour care or take vacations in the middle of a worker's compensation case when medical care has been approved and appointments have been made. This sheds a bad light on the case as well as the injured employee.

9. Pulse does not give opioids for chronic non-cancer pain. Acute fractures or injuries are treated at the treating physician's discretion. If opioids are considered for treatment, there will only be a prescription given for a few days.

10. Worker's compensation consults do not necessarily imply that the case will be accepted by Pulse Urgent Care as a PCP. The patient will be notified if the case is accepted after the initial consultation.

Print Patient Name

Date

Signature of Patient