



Self-Insured Claims: Contact the Self Insured Employer (SIE)/
 Third Party Administrator (TPA)*

Billing Code: 1073M (Guidance on back)
 Reminder: Send chart notes and reports to L&I or to SIE/TPA as usual

General info	Worker's Name:	Visit Date:	Claim Number:																																																																																																									
	Health-care Provider's Name (printed):	Date of Injury:	Diagnosis:																																																																																																									
Required: Released for work? <small>Check at least one</small>	<input type="checkbox"/> Worker is released to the job of injury without restrictions as of (date): ____/____/____ Skip to "Plans" section below.																																																																																																											
	<input type="checkbox"/> Worker may perform modified duty , if available, from (date): ____/____/____ to ____/____/____		Required: Key Objective Finding(s)																																																																																																									
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<input type="checkbox"/> Worker is working modified duty or limited hours Please estimate capacities below <u>and</u> provide key objective findings at right.																																																																																																												
<input type="checkbox"/> Worker not released to any work from (date): ____/____/____ to ____/____/____																																																																																																												
<input type="checkbox"/> Prognosis poor for return to work at the job of injury at any date																																																																																																												
<input type="checkbox"/> May need assistance returning to work Capacities apply 24/7, please estimate capacities below <u>and</u> provide key objective findings at right.																																																																																																												
Required: Estimate what the worker can do <small>Unless released to JOI</small>	Capacity duration (estimate days): <input type="checkbox"/> 1-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 30+ <input type="checkbox"/> permanent					Other Restrictions / Instructions:																																																																																																						
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Note to Claim Manager:																																																																																																												
New diagnosis: _____																																																																																																												
Opioids prescribed for: <input type="checkbox"/> Acute pain or <input type="checkbox"/> Chronic pain																																																																																																												
Required: Plans	Worker progress: <input type="checkbox"/> As expected / better than expected. <input type="checkbox"/> Slower than expected. <i>Address in chart notes</i>					<input type="checkbox"/> Next scheduled visit in: ____ days, ____ weeks. <input type="checkbox"/> Treatment concluded, Max. Medical Improvement (MMI) Any permanent partial impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possibly If you are qualified, please rate impairment for your patient. <input type="checkbox"/> Will rate <input type="checkbox"/> Will refer <input type="checkbox"/> Request IME <input type="checkbox"/> Care transferred to: _____ <input type="checkbox"/> Consultation needed with: _____ <input type="checkbox"/> Study pending: _____																																																																																																						
	Current rehab: <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> Home exercise <input type="checkbox"/> Other _____ Surgery: <input type="checkbox"/> Not Indicated <input type="checkbox"/> Possible <input type="checkbox"/> Planned Comments:																																																																																																											
Sign	Signature (Required): _____ () _____ Date: ____/____/____					Phone number _____ <input type="checkbox"/> Talking points (on back) discussed with worker																																																																																																						
	<input type="checkbox"/> Doctor <input type="checkbox"/> ARNP <input type="checkbox"/> PA-C <input type="checkbox"/> Copy of APF given to worker																																																																																																											

To be paid for this form, health-care providers must:

1. Submit this form:
 - With reports of accident when there are work related physical restrictions
- OR**
- When requested by the insurer.
2. Complete all relevant sections of the form.
3. Send chart notes and reports, as usual.

Important notes

- Use this form to communicate work status, activity restrictions, and treatment plans.
- This form will also certify timeloss compensation, if appropriate.
- Occupational and physical therapists, office staff, and others will not be paid for working on this form.
- To learn how to complete this form, go to www.activityRX.Lni.wa.gov

About impairment ratings

We encourage you, the qualified attending health-care provider, to rate your patient's permanent impairment. If this claim is ready to close, please examine the worker and send a rating report.

Qualified attending health-care providers include doctors currently licensed in medicine and surgery (including osteopathic and podiatric) or dentistry, and chiropractors who are department-approved examiners.

Suggestions for talking with injured workers

Research shows that returning to normal activity as soon as safely possible after injury reduces the likelihood of long-term disability. Helping your patients develop expectations and goals for returning to work can improve their outcomes while protecting their incomes and benefits.

Here are some conversations that occupational injury and disease specialists recommend you have with your patients:

- **“Activity helps you recover.”** Explain that returning to some level of work and activity will help patients recover from common injuries faster than prolonged bed rest. Be sure patients understand the level of activity they can do at home and work. Emphasize what they can do.
- **“Some discomfort is normal when returning to activities after an injury.”** Discomfort from activity is different from pain that indicates a serious problem or setback.
- **“You can help with your own recovery.”** Make sure your patients understand that while you can help with pain and healing, they play an equally important role by following your instructions.
- **“You can protect yourself from re-injury.”** When musculoskeletal injuries are involved, talk to patients about how changes in the way they move or do their jobs can prevent other injuries.
- **“Early and safe return to work makes sense.”** The longer you are off work, the harder it is to get back to your original job and wages. Even a short time off work takes money out of your pocket because time-loss benefits do not pay your full wage.

To review related research, go to www.Lni.wa.gov and type in “Bibliographies” in the search box.

Thank you for treating this injured worker.