



**Advanced Orthopedic
& Sports Medicine Specialists**

PHONE: 303-344-9090 FAX: 303-895-1121

In order to help expedite the processing of your paperwork, please fill out the following and submit the completed form with the documents you are requesting.

Please allow 2 weeks for your paperwork to be completed.

At that time you may come by the office to pick up your documents **unless advised to do so sooner**.

It is your responsibility to confirm that your paperwork is complete to the specifications of your employer, deliver any and all documents to the appropriate location(s) and confirm their arrival

NAME: _____ DOB: _____

DATE OF INJURY/CONDITION: _____ DATE FIRST SEEN IN OUR OFFICE: _____

DATE OF SURGERY: _____ DATE OF MOST RECENT VISIT: _____

DIAGNOSIS OF CONDITION: _____

PLANNED OR COMPLETED PROCEDURE/SIDE: _____

DID YOU STAY IN THE HOSPITAL FOR YOUR CONDITION (CIRCLE)?: Y N

IF YES, DATES OF ADMISSION: _____

WHAT OTHER PROVIDERS HAVE YOU SEEN FOR THIS CONDITON?

WAS NARCOTIC PAIN MEDICATION PRESCRIBED RELATED TO THIS CONDITION?

(CIRCLE): Y N

IS THIS CONDITION JOB RELATED? (CIRCLE) : Y N

WHO IS YOUR EMPLOYER?: _____

WHAT IS YOUR JOB TITLE AND DESCRIPTION?

WHAT ARE THE MOST CRITICAL PHYSICAL REQUIREMENTS OF YOUR JOB (UP TO 3)?:



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HOW ARE THOSE REQUIREMENTS LIMITED/AFFECTED BY YOUR CONDITION?

AMOUNT OF WALKING PER DAY (HOURS): _____
AMOUNT OF STANDING PER DAY (HOURS): _____
AMOUNT OF CLIMBING/STAIRS PER DAY (HOURS): _____
AMOUNT OF BENDING/STOOPING PER DAY (HOURS): _____
AMOUNT OF TYPING/COMPUTER/PHONE WORK PER DAY (HOURS): _____
AMOUNT OF OVERHEAD/WAIST LEVEL WORK PER DAY (HOURS): _____
AMOUNT OF LIFTING/CARRYING/PUSHING/PULLING (WEIGHT): _____

DOES YOUR EMPLOYER OFFER A "LIGHT DUTY" JOB DESCRIPTION (CIRCLE)?: Y N

HOW MUCH TIME DO YOU PLAN TO TAKE OFF OF WORK?: _____

WHAT ARE THE EXACT DATES YOU PLAN TO TAKE OFF OF WORK?: _____

WHAT IS THE DATE YOU WOULD LIKE TO RETURN TO WORK?: _____

IF GIVEN THE OPTION, WHERE WOULD YOU LIKE THE PAPERWORK SENT WHEN COMPLETED? FAX **NUMBER**? ADDRESS? **PERSON TO ADDRESS**?

Thank you for taking an active role in your health, treatment, and rehabilitation.
Your paperwork will be ready in 2 weeks.

Sincerely,

Advanced Orthopedic and Sports Medicine, P.C.