

Provider Information and Restriction Form

Patient Name: _____ Todays Date: _____

Employer: _____

Provider Name: _____ Phone: _____ Fax: _____

Address: _____

Diagnosis: _____

Treatment Plan: _____

Prognosis: _____

The employer may be able to accommodate a medically appropriate light duty position while the employee is recovering, so please fill out completely. If client is taken off work, and no restrictions given, a full explanation must be given as to the medical findings that warrant this.

Patient is released to work without restrictions on (Date): _____

Patient can return to work within the functional guidelines listed below on (Date): _____

Patient is unable to work at this time (Date/explanation): _____

Occasionally (1-33% of the time) Frequently (34-66% of time) Continuously (67-100% of time)

_____ **Sedentary** Work that requires exerting up to 10 pounds of force occasionally or a negligible amount of force frequently to lift, carry, push, pull, or otherwise move objects, including the human body.

_____ **Light** Work that requires exerting up to 20 pounds of force occasionally, up to 10 pounds of force frequently, or a negligible amount of force constantly to lift, carry, push, pull or otherwise move objects including the human body.

_____ **Medium** Work that requires exerting 20 to 50 pounds of force occasionally, 10 - 25 pounds of force frequently, greater than negligible up to 10 pounds frequently, or greater than negligible up to 10 pounds of forces constantly to move objects.

_____ **Heavy** Work that required exerting 50 to 100 pounds of force occasionally, 25 to 50 pounds of force frequently, or 10 to 20 pounds of force constantly to move objects.

_____ **Very Heavy** work that requires exerting more than 100 pounds of force occasionally, more than 50 pounds of force frequently, or more than 20 pounds of force constantly to move objects.

Activity	None	Occasionally	Frequently	Continuously	Activity	None	None	Occasionally	Frequently	Continuously
Stand/w alk					Simple grasping R					
Sit					Simple grasping L					
Drive					Fine manipulation R					
Bend					Fine manipulation L					
Squat					Firm grasping R					
Climb					Firm grasping L					
Kneel					Reach at shoulder					
Reach above shoulder					Reach below shoulder					

Comments: _____

Providers Signature: _____ Date: _____

