

Return Fax to:  UPMC and University of Pittsburgh Claims Departments 412-667-7100  
 City of Pittsburgh Claims Department 412-667-7110  
 Allegheny County Claims Department 412-667-7111  
 Ellwood Group Inc. Claims Department 412-454-7519

Providing Claims and Case Management for University of Pittsburgh Medical Center, the University of Pittsburgh, the County of Allegheny, the City of Pittsburgh, and Ellwood Group, Inc.

**Please Fax Completed Form to the Above Department the Day of the Appointment**

Appt Date: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Patient Name: \_\_\_\_\_ SS# or DOB: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_ DOI: \_\_\_\_\_

**Return to Work Status:**

Able to return to pre-injury job:  No  Yes (Effective: \_\_\_\_\_)

Able to return to work **with the following restrictions:**  No  Yes (Effective: \_\_\_\_\_)

- Sedentary** Maximum lifting and/or carrying of *up to 10 lbs.*; walking and standing occasionally.
- Light** Maximum lifting of *up to 20 lbs.* with frequent lifting/carrying of up to 10 lbs. or a negligible amount; significant walking or standing may be required or may involve sitting with a degree of pushing and pulling.
- Medium** Maximum lifting of *up to 50 lbs.* with frequent lifting/carrying of up to 25 lbs.; frequent standing and walking.
- Heavy** Maximum lifting of *up to 100 lbs.* with frequent lifting/carrying of up to 50 lbs.; frequent standing and walking.
- Very Heavy** Lifting objects *over 100 lbs.* and frequent lifting/carrying of 50 lbs. or more; frequent standing and walking.

**In a shift, employee is able to:**

Sit:	1	2	3	4	5	6	7	8	9	10	11	12	hours/day
<input type="checkbox"/> Continuously	<input type="checkbox"/> With breaks												
Stand:	1	2	3	4	5	6	7	8	9	10	11	12	hours/day
<input type="checkbox"/> Continuously	<input type="checkbox"/> With breaks												
Walk:	1	2	3	4	5	6	7	8	9	10	11	12	hours/day
<input type="checkbox"/> Continuously	<input type="checkbox"/> With breaks												

**No restrictions on these tasks**

- No **lift/carry** over \_\_\_\_\_ lbs
- No **push/pull** over \_\_\_\_\_ lbs
- No use **right/left** foot
- No extreme temperatures
- No overhead work
- No bend
- No climb
- No crawl
- No kneel
- No squat
- No twist
- May drive **standard** shift
- May drive **automatic** shift
- May drive up to \_\_\_\_\_ hrs/day
- No driving
- Other: \_\_\_\_\_

**Diagnostic Procedures (fax scripts):**

MRI  CT Scan  EMG/NCV  Bone Scan  Other

**Treatment Plan (fax scripts):**

PT/OT  Medication  Injection  Other: \_\_\_\_\_  
 Splint  Brace  Ambulatory Assistive Device:  
 Surgery: \_\_\_\_\_ Date: \_\_\_\_\_ Hospital: \_\_\_\_\_  
 Referral: \_\_\_\_\_ Call UPMC WorkPartners at 1-800-633-1197.

**Follow-up Care:**

Next appointment date: \_\_\_\_\_ Time: \_\_\_\_\_  PRN

PHYSICIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PATIENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I understand that my employer is entitled to a copy of this report under Pennsylvania Workers' Compensation Law.