Note to Employee: ***This form must be returned to your supervisor immediately following your medical appointment***

TOWN OF LOS GATOS MEDICAL REFERRAL FORM

TO BE COMPLETED BY SUPERVISOR / MANAGER

Employee:	Title:
Department:	Supervisor:
Date Injured:	Date Sent to Doctor:

TO BE COMPLETED BY ATTENDING PHYSICIAN
and returned with employee

Please consider the availability of modified work when considering estimated periods of disability.

Date of Examination:_____ Time In:_____ Time Out:_____

WORK STATUS:

Regular work effective: _____

Temporary modified work, effective: _____ until:_____

(Outline Work Limitations Below)

Temporarily Totally Disabled, unable to perform any work until: _____

Please specify what precludes a return to work in a modified or limited hours capacity:

_____

Anticipated Date of Return to Full Duty: _____

WORK LIMITATIONS: Check all functional limitations and outline frequency limitation.

- ☐ No prolonged walking/standing
- ☐ No repetitive bending/stooping
- ☐ No climbing of stairs or ladders
- ☐ No pushing or pulling
- ☐ No reaching above shoulder
- ☐ No Driving.
- ☐ Keep bandages clean and dry
- ☐ Limited walking/standing _____ hrs/min interval
- ☐ No kneeling or squatting
- ☐ Limited sitting _____ hrs/min interval
- ☐ No lifting over _____ lbs
- ☐ No operation/work around moving machinery.
- ☐ Avoid exposure to extreme heat or cold
- ☐ Limited/No use of: _____
- ☐ Other: _____

DISPOSITION:

- ☐ Future care recommended, no permanent disability anticipated
- ☐ Future care recommended, permanent disability unknown or anticipated
- ☐ Discharged, no permanent disability anticipated
- ☐ Discharged, permanent disability anticipated; anticipated permanent and stationary date:_____
- ☐ Physical Therapy ☐ Yes ☐ No _____ / _____(times/week), or M T W TH F (circle one)

☐ Referred to Doctor:_____ Date:_____

For:_____ Authorized by:_____

Physician's name:_____ Signature:_____

Phone:_____

***Send Doctor's First Report To*: LWP Claims Solutions, P. O. Box 349016**
Sacramento, CA 95834-9016 (800) 565-5694 FAX (408) 725-0395
***Fax Copy to:*Town of Los Gatos (408) 395-8640**

_____