Park Nicollet
HealthPartners

St. Louis Park Clinic
3850 Park Nicollet Blvd.
St. Louis Park, MN 55416
952-993-3170 appt
952-993-3172 nurse

CSN#

MRN

CSN:502266055 ENC#:14250868 MR#:64845132
EXPOSE,JERRY JR 4/6/1968 (47 yrs) MALE
PRF NAME:Jerry HM:651-404-8371
INS:WC PENDING CNT:
APPT:02/15/16 10:20 AM RECK P3850 OCC
RSRC:Edwin H Funk, MD 1104
wcni ribs doi 12/30/15 CMG Corp
REF:No ref. provider found
ATTND# ORD#

Work Ability Report

EVOCC

Today's date 2-15-16	SS#	Employer CMG Corp	
Employer address		Employer contact	Contact phone

Diagnosis: USP (R) THORACIC & (R) THIGH CONTUSIONS

WORK STATUS

- ☐ Return to work with no limitations on _____
- ☒ Return to work with limitations from 2/15/16 through 2wk
- ☐ Off work totally from _____ through _____ ☐ Employer notified
- ☐ Continue same limitations as prior report through _____

Work-Related Illness/Injury
- ☒ Yes
- ☐ No
- ☐ To be determined

Date of Injury 12-30-15

QRC Advised
- ☐ Yes
- ☐ No

WORK ABILITIES -- Patient is not expected to work beyond the limitations listed.

PATIENT IS ABLE TO:

	Not At All	Rare ≤10%	Occas. 11-33%	Freq. 34-66%	Cont. 67-100%
Lift / Carry Push / Pull ≤ 5 lbs.	☐	☐	☐	☐	☐
10 lbs.	☐	☐	☐	☐	☐
11-20 lbs.	☐	☐	☐	☐	☐
21-50 lbs.	☒	☐	☐	☐	☐
51-100 lbs.	☒	☐	☐	☐	☐
Bend/twist waist/neck	☐	☐	☒	☐	☐
Reach below knee level	☐	☐	☒	☐	☐

	Not At All	Rare ≤10%	Occas. 11-33%	Freq. 34-66%	Cont. 67-100%
Reach/Lift above shoulder	☐	☐	☐	☐	☐
Squat/Kneel	☐	☐	☐	☐	☐
Climbing stairs/ladders	☒	☐	☐	☐	☐
Sit	☐	☐	☐	☐	☐
Stand/Walk	☐	☐	☐	☐	☐

Driving restrictions ☐ Yes ☐ No

Change positions every ☐ 1/2 hr. ☐ 1 ___ Hrs. ☒ As needed

UPPER EXTREMITY ABILITIES ☐ RIGHT ☐ LEFT ☐ BOTH

PATIENT IS ABLE TO:

	Not At All	Rare ≤10%	Occas. 11-33%	Freq. 34-66%	Cont. 67-100%
Grasp--Light/Heavy	☐	☐	☐	☐	☐
Repetitive Wrist Motion	☐	☐	☐	☐	☐
Torque/Crimp	☐	☐	☐	☐	☐

	Not At All	Rare ≤10%	Occas. 11-33%	Freq. 34-66%	Cont. 67-100%
Keyboard/Write	☐	☐	☐	☐	☐
Operate Power Tools	☐	☐	☐	☐	☐
Pinch	☐	☐	☐	☐	☐

DISCHARGE INSTRUCTIONS AND COMMENTS

- ☐ MD Referral / Consultation
- ☐ MRI ☐ CT ☐ EMG
- ☒ Physical Therapy
- ☐ Splint/Brace/Crutches
- ☐ Keep Wound Clean/Dry
- ☐ Change Dressing Every ___
- ☐ Ice/Heat for 20 Minutes Every ___ Hrs. for ___ Days
- ☒ Medications
- ☐ X-Ray

→ MAKE PRIMARY CARE APPT TO DISCUSS DEPRESSION

HOME EXERCISES 1X A DAY

☒ CYCLOBENZAPRINE 5-10 3X AS TO MAY

☐ _____

Nursing Discharge: PDS - Per Department Standards / Clinical Staff Initials _____

RETURN TO CLINIC

Date 15 days | Time ☒ AM ☐ PM | ☐ As needed

MD SIGNATURE

- ☐ John Dunne, MD
- ☐ Victor Van Hee, MD
- ☒ Edwin Funk, MD 3-1-16 10:20
- ☐ _____

Promptly upon receipt, employee shall submit this form to the employer or insurer. MN Rule 5221.0410 Subpart 5D.

ORIGINAL: Chart WHITE: Employer PINK: Patient

12677 (5/2015)