

**CLINIC REPORT OF WORKABILITY**

Employee: Karen G Schade		Date: 1/10/2019	Arrival time: 0900
SS#: xxx-xx-7407		DOB: 8/7/1965	Time roomed: 0910
Employer: Employer Solutions Staffing		Date of Injury: 1/28/18	Time out: 0955
Eden Prarie MN Occ: Finisher / Laborer		Employer fax:	Contact person:
Employer phone: Employer contacted: yes, faxed			

**DIAGNOSIS:** 1) LEFT temporal closed head injury  
 2) Persistent concussion symptoms 3) Concussion 4) post concussion syndrome 5) Neck pain. 6) Cognitive fatigue. 7) Vision disorder. 8) Vestibular dysfunction. 9) Sleep disorder.  
 Work related injury/illness? yes  
 Maximum medical improvement? no  
 Permanent Partial Disability? too early to determine  
 Anticipate permanent restrictions: to be determined

**RETURN TO WORK UNABLE** to work from today through 1-31-19

**TREATMENT/OTHER RESTRICTIONS:**

Avoid sensory input especially audio and visual input (TV, computer, cell phone, bright lights, loud sounds - cacophony)  
 Amitadine - 100 mg bid  
 Referral to chiropractor for neck pain. Appt with Jenna Therrien Thursday 1/17/19 @ 915am.  
 Referral to Bright Eyes Vision Clinic for vision disorder.  
 The above has been discussed with the employee.

**RETURN TO CLINIC:** Return to Dr Renier's clinic in 3 weeks Appt with Dr. Renier Thursday 1/31/19 @ 850am.  
 ATIENT IS DISCHARGED FROM DR BRUNELL'S CARE  
 Any questions or concers please call our office @ 763-688-7777

William K Brunell, MD, MPH (MN medical license # 38784)

1/10/2019

**WORKERS' COMPENSATION INSURER, AND QUALIFIED REHABILITATION CONSULTANT IF YOU HAVE ONE. NOTICE TO EMPLOYEE: YOU MUST PROMPTLY PROVIDE A COPY OF THIS REPORT TO YOUR EMPLOYER OR**

