

Claim Number:

Work Activity Status Report

Patient: Claudia Motino

Last 4 Digits of SSN:

Date of Birth: 03/01/1980

Address: 740 Masson Ave Apt 1 SAN BRUNO
CA 94066

Employer Location: The Service Companies-All

Contact: Marisela DelaCruz

Home: +16507163061

Address: 2900 Monarch Lakes Blvd Ste 202
Miramar , FL 33027-3965

Role: Primary Contact

Work:

Authorized by:

Phone: +14159409254
Fax: 213-402-8516**THIS VISIT**

Visit Type: Medical Initial

Time In: 03:14:00 PM

Time Out: 05:33:52 PM

Treating Clinician: Chelsea Liu, PA-C

Diagnoses:

Lumbar strain, initial encounter (S39.012A)

Medications:

- Dispensed prescription medication
- Dispensed over-the-counter medication
- Medication(s) prescribed
- Over-the-counter medications at Non-Prescription strength were recommended

PATIENT STATUS

Employer Notice: The prescribed activity recommendations are suggested guidelines to assist in the patient's treatment and rehabilitation. Your employee has been informed that the activity prescription is expected to be followed at work and away from work.

Treatment Status:

Returning for follow-up: 3 days

Anticipated MMI Date: 5/10/24

Work Status:

Return to modified work/activity today
Patient may work their entire shift

Activity Prescription:Key*: **Occasionally** = up to 3 hrs/day; **Frequently** = up to 6 hrs/day; **Constantly** = up to 8 hours or greater per day

May lift up to 15 lbs constantly
May push/pull up to 15 lbs constantly
May bend occasionally

May squat/kneel occasionally

Based on the Department of Labor definitions

NEXT VISIT(S)**Visit Date and Time:****Visit Type:**

Medical	Therapy	Specialist
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Clinician:

Chelsea Liu, PA

PT Locum

Patient Notice: It is essential to your recovery that you keep your scheduled appointments, but should you need to reschedule or cancel, please contact the clinic. Thank you for your cooperation.