

## Work Activity Status Report

<b>Patient:</b> Yessi Mejia	<b>Last 4 Digits of SSN:</b> xxx-xx-5561	<b>Date of Birth:</b> 04/27/1982
<b>Address:</b> 2361 Mission Stree 104 SAN FRANCISCO CA 94110	<b>Employer Location:</b> The Service Companies-All	<b>Contact:</b> Marisela DelaCruz
<b>Home:</b> +14157569025	<b>Address:</b> 2900 Monarch Lakes Blvd Ste 202 Miramar , FL 33027-3965	<b>Role:</b> Primary Contact
<b>Work:</b>	<b>Authorized by:</b>	<b>Phone:</b> +14159409254
		<b>Fax:</b> 213-402-8516

<b>THIS VISIT</b>	<b>Visit Type:</b> Medical Initial	<b>Time In:</b> 09:50:00 AM	<b>Time Out:</b> 11:30:11 AM
<b>Treating Clinician:</b> Akram Uraizee, M.D.			
<b>Diagnoses:</b> Shoulder injury, left, initial encounter (S49.92XA) Left shoulder strain, initial encounter (S46.912A)		<b>Medications:</b> <input type="checkbox"/> Dispensed prescription medication <input type="checkbox"/> Dispensed over-the-counter medication <input checked="" type="checkbox"/> Medication(s) prescribed <input type="checkbox"/> 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: 1 week  
Anticipated MMI Date: 06/12/2024

#### 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 No reaching above shoulders with affected extremity(s)	
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Based on the Department of Labor definitions

<b>NEXT VISIT(S)</b>	<b>Visit Date and Time:</b>	<b>Visit Type:</b>	<b>Clinician:</b>	
<b>Patient Notice:</b> 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.	05/21/2024 02:30 PM	Medical		
		Therapy		
		Specialist		
		<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"/>
			Akram V Uraizee, MD	