

**State Fund Claim:**  
Department of Labor and Industries PO  
Box 42044, Olympia WA 98504-4291  
Fax to claim file: 360-902-4297

**Self-Insured Claims:** Contact the Self Insured Employer (SIE) Third Party Administrator (TPA).  
For a list of SIE/TPAs, go to [www.lni.wa.gov/SelfInsured](http://www.lni.wa.gov/SelfInsured)

**Activity Prescription Form (APF)**  
Billing Code: 1073M (Guidance on back)

**General Info**

Worker's Name: Joel C. Hores Patient ID: 108-928-111 Visit Date: 07/01/2025  
Healthcare Provider's Name (please print):  
Stephen M. Auer, PA-C Date of Injury: 02/27/2025  
Claim Number: BL609956  
Diagnosis: N45.1, S78.211A, S78.212A  
(See attached for complete DX codes and descriptions.)

**Required: Send chart notes and reports to LNI or SIE/TPA as required. Complete this form every time there are changes in medical status or capacities, or change in release for work status.**

**Worker Status**

Worker is released to the job of injury (JOI) without restrictions (related to the work injury) as of (date): 07/01/2025  
 Worker may perform modified duty, if available, from (date): 07/15/2025 to (date): 07/15/2025  
 If released to modified duty, may work more than normal schedule  
 Worker may work limited hours: \_\_\_\_\_ hours/day from (date): \_\_\_\_\_ to (date): \_\_\_\_\_ (estimated date)  
 Worker is working modified duty or limited hours  
 Worker not released to any work from (date): \_\_\_\_\_ to (estimated date)  
 Poor prognosis for return to work at the job of injury at any date

How long do the worker's current capacities apply (estimate)?  
 1-10 days  11-20 days  21-30 days  30+ days  permanent  
Capacities apply all day, every day of the week, at home as well as at work

**Worker can:** (Related to work injury)  
 A blank space = Not restricted  

Never	Seldom	Occasional	Frequent	Constant
0-1 hour	1-3 hours	3-6 hours	6-10 hours	10+ hours

Stand / Walk  
 Perform work from ladder  
 Climb ladder  
 Climb stairs  
 Twist  
 Bend / Stoop  
 Squat / Kneel  
 Crawl  
 Crawl on hands and knees  
 Work above shoulders  
 Keyboard  
 Wrist (flexion/extension)  
 Grasp (forceful)  
 Fine manipulation  
 Operate power controls  
 Dexterity tasks; high impact  
 Dexterity tasks; low impact

**Required: Estimate what the worker can do at work and at home unless released to JOI**

**Other Restrictions / Instructions:**

Employer Notified of Capacities?  Yes  No  
 Modified duty available?  Yes  No  
 Date of contact: \_\_\_\_\_  
 Name of contact: \_\_\_\_\_  
 Notes: \_\_\_\_\_

**Note to Claim Manager:**

May need assistance returning to work  
 New diagnosis: \_\_\_\_\_  
 Opioids prescribed for:  Acute pain or  Chronic pain

**Worker progress:**  As expected / better than expected  
 Slower than expected (address in chart notes)

**Current rehab:**  PT  OT  Home exercise  
 Other (e.g. Activity Coaching): \_\_\_\_\_  
 Not Indicated  Possible  
 Planned Date: \_\_\_\_\_  
 Completed Date: \_\_\_\_\_

**Surgery:** \_\_\_\_\_

**Next scheduled visit in: \_\_\_\_\_ days \_\_\_\_\_ weeks or Date: 07/15/2025**  
 Treatment concluded, Max. Medical Improvement (MMI)  
 Any permanent partial impairment?  Yes  No  Possibly  
 If you are qualified, please rate impairment for your patient:  
 Will rate  Will refer  Request IME  
 Care transferred to: \_\_\_\_\_  
 Consultation needed with: \_\_\_\_\_  
 Study pending: \_\_\_\_\_

**Reg: Sign**

Copy of APF given to worker  
 Discussed three key messages on back of form with patient

Signature: *Joel C. Hores* Date: 07/01/2025 (206) 624 - 3651  
 Doctor  ARNP  PA-C Phone: \_\_\_\_\_

**Index: APF**

F242-385-000 Activity Prescription Form (APF) 11-2014