

State Fund Claim:
Department of Labor and Industries, PO
Box 44291 Olympia WA 98504-4291
Fax to claim file: 360-902-4567
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



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

Reminder: Send chart notes and reports to L&I or SIE/TPA as required. Complete this form only when there are changes in medical status or capacities, or change in release for work status.

General Info	Worker's Name: Joel C Flores	Patient ID: 108-928-111	Visit Date: 07/01/2025	Claim Number: BL60896																																																																																																																																								
	Healthcare Provider's Name (please print): Shant M Austin, PA-C	Date of Injury: 02/27/2025	Diagnosis: N45.1, S76.21A, S76.213A <small>For detailed for complete DX codes and descriptions</small>																																																																																																																																									
Required: Work Status	<input type="checkbox"/> Worker is released to the job of injury (JOI) without restrictions (related to the work injury) as of (date): (If selected, skip to "Plans" section below)																																																																																																																																											
	<input checked="" type="checkbox"/> Worker may perform modified duty, if available, from (date): 07/01/2025 to 07/15/2025 (estimated date) <input type="checkbox"/> If released to modified duty, may work more than normal schedule <input type="checkbox"/> Worker may work limited hours: _____ hours/day from (date): _____ to _____ (estimated date) <input type="checkbox"/> Worker is working modified duty or limited hours <input type="checkbox"/> Worker not released to any work from (date): _____ to _____ (estimated date) <input type="checkbox"/> Poor prognosis for return to work at the job of injury at any date																																																																																																																																											
Required: Estimate what the worker can do at work and at home unless released to JOI	How long do the worker's current capacities apply (estimate)? <input type="checkbox"/> 1-10 days <input checked="" type="checkbox"/> 11-20 days <input type="checkbox"/> 21-30 days <input type="checkbox"/> 30+ days <input type="checkbox"/> permanent			Other Restrictions / Instructions:																																																																																																																																								
	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																																																																																																																																											
Required: Plans	Worker can: (Related to work injury) A blank space = Not restricted			Employer Notified of Capacities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Modified duty available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date of contact: _____ Name of contact: _____ Notes: _____ Note to Claim Manager: <input type="checkbox"/> May need assistance returning to work New diagnosis: _____ Opioids prescribed for: <input type="checkbox"/> Acute pain or <input type="checkbox"/> Chronic pain																																																																																																																																								
	<table border="1"><thead><tr><th></th><th>Never</th><th>Seldom 1-10% 1-1 hour</th><th>Occasional 11-30% 1-3 hours</th><th>Frequent 31-60% 3-6 hours</th><th>Constant 61-100% N/A</th></tr></thead><tbody><tr><td>Sit</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Stand / Walk</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Perform work from ladder</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Climb ladder</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Climb stairs</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Twist</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Bend / Stoop</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Squat / Kneel</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Crawl</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Reach</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Work above shoulders</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Keyboard</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Wrist (flexion/extension)</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Grasp (forceful)</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Fine manipulation</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Operate foot controls</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Vibratory tasks; high impact</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Vibratory tasks; low impact</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Lifting / Pushing</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Example</td><td>Both</td><td>21 lbs</td><td>20 lbs</td><td>10 lbs</td><td>5 lbs</td></tr><tr><td>Push / Pull</td><td>Both</td><td>21 lbs</td><td>20 lbs</td><td>10 lbs</td><td>5 lbs</td></tr><tr><td>Carry</td><td>Both</td><td>21 lbs</td><td>20 lbs</td><td>10 lbs</td><td>5 lbs</td></tr></tbody></table>					Never	Seldom 1-10% 1-1 hour	Occasional 11-30% 1-3 hours	Frequent 31-60% 3-6 hours	Constant 61-100% N/A	Sit						Stand / Walk						Perform work from ladder						Climb ladder						Climb stairs						Twist						Bend / Stoop						Squat / Kneel						Crawl						Reach						Work above shoulders						Keyboard						Wrist (flexion/extension)						Grasp (forceful)						Fine manipulation						Operate foot controls						Vibratory tasks; high impact						Vibratory tasks; low impact						Lifting / Pushing						Example	Both	21 lbs	20 lbs	10 lbs	5 lbs	Push / Pull	Both	21 lbs	20 lbs	10 lbs	5 lbs	Carry	Both	21 lbs	20 lbs
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Worker progress: <input checked="" type="checkbox"/> As expected / better than expected <input type="checkbox"/> Slower than expected (address in chart notes) Current rehab: <input checked="" type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> Home exercise Other (e.g. Activity Coaching): _____ Surgery: <input type="checkbox"/> Not Indicated <input type="checkbox"/> Possible <input type="checkbox"/> Planned Date: _____ <input type="checkbox"/> Completed Date: _____ <input checked="" type="checkbox"/> Next scheduled visit in: _____ days _____ weeks or Date: 07/15/2025 <input type="checkbox"/> Treatment concluded, Max. Medical Improvement (MMI) Any permanent partial impairment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Possibly If you are qualified, please rate impairment for your patient: <input type="checkbox"/> Will rate <input type="checkbox"/> Will refer <input type="checkbox"/> Request IME Care transferred to: _____ Consultation needed with: _____ Study pending: _____ <input checked="" type="checkbox"/> Copy of APF given to worker <input type="checkbox"/> Discussed three key messages on back of form with patient																																																																																																																																												
Rec: Sign	Signature: <u>Shant M Austin</u> PA-C <input type="checkbox"/> Doctor <input type="checkbox"/> APRN <input type="checkbox"/> PA-C			Date: 07/01/2025 Phone: (206) 824-3651																																																																																																																																								