

Work Activity Status Report

Patient: William Dickson

Last 4 Digits of SSN: xxx-xx-0950

Date of Birth: 11/28/1957

Address: 1230 cellar ave Apt 21 CLARK NJ
07066

Employer Location: City of Rahway-Admin Non

Contact: Michelle Dalesandris

Address: 1 City Hall Plz Rahway , NJ 07065-5022

Role: Primary Contact

Home: +17323882214

Phone: +17328272177

Work:

Authorized by:

Fax: 0-0-0000

THIS VISIT

Visit Type: Medical Initial

Time In: 10:00:00 AM

Time Out: 11:51:16 AM

Treating Clinician: Lucknie Ovince, PA-C

Diagnoses:

Strain of neck muscle, initial encounter (S16.1XXA)
Thoracic myofascial strain (S29.019A)
Contusion of elbow, left (S50.02XA)
Contusion of rib on left side (S20.212A)
Strain of left shoulder (S46.912A)

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: 2 days

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 5 lbs constantly
May push/pull up to 5 lbs constantly
May bend occasionally
May not drive company vehicle due to functional limitations - can't get into cab
Unable to use power/impact/vibratory tool with left upper extremity

Based on the Department of Labor definitions

NEXT VISIT(S)

Visit Date and Time:

Visit Type:

Clinician:

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.

09/01/2023 09:30 AM

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"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provider Locum