



Reminder: Send chart notes and reports to L&I

General Info	Worker's Name:	Visit Date:	Claim Number:																																																																																																				
	Healthcare Provider's Name (printed):	Date of Injury:	Diagnosis:																																																																																																				
Required: Released for work? <small>Check at least one</small>	<input type="checkbox"/> Worker is released to the job of injury without restrictions on (date): ____/____/____ Skip to "Plans" section below.		Required: Key Objective Finding(s)																																																																																																				
	<input type="checkbox"/> Worker may perform modified duty , if available, from (date): ____/____/____ to ____/____/____ <input type="checkbox"/> Worker may work limited hours : ____ hours/day from (date): ____/____/____ to ____/____/____ <input type="checkbox"/> Worker is working modified duty or limited hours Please estimate capacities below <u>and</u> provide key objective findings at right.																																																																																																						
Required: Estimate what the worker can do <small>Unless released to JOI</small>	Capacity duration (estimate days): <input type="checkbox"/> 1-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 30+ <input type="checkbox"/> permanent		Other Restrictions / Instructions:																																																																																																				
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Required: Plans	Worker progress: <input type="checkbox"/> As expected / better than expected. <input type="checkbox"/> Slower than expected. Address in chart notes Current rehab: <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> Home exercise <input type="checkbox"/> Other _____ Surgery: <input type="checkbox"/> Not Indicated <input type="checkbox"/> Possible <input type="checkbox"/> Planned Comments: _____		<input type="checkbox"/> Next scheduled visit in: ____ days, ____ weeks. <input type="checkbox"/> Treatment concluded, Max. Medical Improvement (MMI) Any permanent partial impairment? <input type="checkbox"/> Yes <input 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 <input type="checkbox"/> Care transferred to: _____ <input type="checkbox"/> Consultation needed with: _____ <input type="checkbox"/> Study pending: _____																																																																																																				
	Signature (Required): _____ () _____ - _____ Date: ____/____/____ <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Doctor <input type="checkbox"/> ARNP <input type="checkbox"/> PA-C Phone number </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> Copy of APF given to worker <input type="checkbox"/> Talking points (on back) discussed with worker </div>																																																																																																						
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To be paid for 1069M, healthcare providers must:

1. Participate in the COHE or Ortho/Neuro projects
2. Complete this form:
 - During your first visit with the worker**and**
 - During follow-up visits, if there are changes in work status, physical capacities or plan of treatment
3. Surgeons should complete this form at least once following surgery
4. Complete all relevant sections of the form

Important notes

- Use this form to communicate work status, physical capacities, and treatment plans.
- This form will also certify time-loss compensation, if appropriate.
- Occupational and physical therapists, office staff, and others will not be paid for working on this form.
- Send chart notes and reports, as usual.
Ortho/Neuro participants: complete “Worker progress” and “Current rehab” in the Plans section to document your current rehab plan. This is needed to meet tier one requirements.

About impairment ratings

We encourage you, the qualified attending healthcare provider, to rate your patient’s permanent impairment. If this claim is ready to close, please examine the worker and send a rating report.

Qualified attending healthcare providers include doctors currently licensed in medicine and surgery (including osteopathic and podiatric) or dentistry, and chiropractors who are department approved examiners.

Suggestions for talking with an injured worker

Research shows that returning to normal activity as soon as safely possible after injury reduces the likelihood of long-term disability. Helping your patient develop expectations and goals for returning to work can improve their outcome while protecting their income and benefits.

Here are some conversations that occupational injury and disease specialists recommend that you have with your patients:

- **“Activity helps you recover.”** Explain that returning to some level of work and activity will help patients recover from common injuries faster than prolonged bed rest. Be sure patients understand the level of activity they can do at home and work. Emphasize what they can do.
- **“Some discomfort is normal when returning to activities after an injury.”** Discomfort from activity is different from pain that indicates a serious problem or setback.
- **“You can help with your own recovery.”** Make sure your patients understand that while you can help with pain and healing, they play an equally important role by following your instructions.
- **“You can protect yourself from re-injury.”** When musculoskeletal injuries are involved, talk to patients about how changes in the way they move or do their jobs can prevent other injuries.
- **“Early and safe return to work makes sense.”** The longer you are off work, the harder it is to get back to your original job and wages. Even a short time off work takes money out of your pocket because time-loss benefits do not pay your full wage.

To review related research, go to www.Lni.wa.gov and type in “Bibliographies” in the search box.

Thank you for treating this injured worker.

If you have questions about the APF:

COHE Participants, please email – LNI_RE_HSACOHE_Mailbox@Lni.WA.GOV

Ortho/Neuro Participants, please email – ONSQualityPilot@Lni.WA.GOV

You can find a current copy of the Pilot APF at: <http://www.Lni.wa.gov/ClaimsIns/Files/Providers/ohs/F245067000.pdf>
To learn how to complete this form, go to: <http://www.activityRX.lni.wa.gov>