

Relationships at Work, Inc. with Dr. Debra Dupree

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Request for Interactive Process Facilitator

Date Rcvd by Dr. D. Dupree		Claims Representative	
Employer		Rep's Phone email	
Employer's Address			
Contact Person		Phone email	

Employee with the Medical Condition

Employee's Name		Employee's Phone	
Employee's Address			
Occupation		Date of Birth	
Date of Injury, Illness or Disability		Working now?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Body Part/s			
Work-related Injury?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Claim #	

Medical Information

Doctor's Name		Report Date	
Dr.'s Address			
Dr.'s Phone No.			
Is the above Doctor:	PTP <input type="checkbox"/>	QME <input type="checkbox"/>	AME <input type="checkbox"/>
Functional Limitations for a Return to Work			

Attorneys

Defense Attorney		Applicant Attorney	
Address		Address	
City/State/Zip		City/State/Zip	
Phone		Phone	

Comments/Special Instructions			
Interpreter Needed	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date form completed	
Job Description attached	Yes <input type="checkbox"/> No <input type="checkbox"/>	Authorization to Release Medical Report attached	Yes <input type="checkbox"/> No <input type="checkbox"/>