

# 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"/>