UNIVERSITY OF MISSOURI SYSTEM
WORKERS' COMPENSATION REFERRAL FOR MEDICAL CARE

Patient Name: _____ Date/Time of Injury: _____

Department/Contact Person: _____ Phone: _____

Type of Injury/Illness: _____

_____

_____
Authorized Signature

Physician: _____ Location: _____

TO BE COMPLETED BY ATTENDING PHYSICIAN

Date patient seen: _____

Diagnosis: _____

Medical Treatment: _____

_____

RETURN TO WORK RECOMMENDATIONS

1. ☐ Employee may return to work immediately with no limitations.
2. ☐ May return to work with no limitations on _____ (date).
3. ☐ He/She may return to work on _____ (date) with the following limitations:

DEGREE	LIMITATIONS

☐ Sedentary Work. Lifting 10 lbs. max.
 ☐ Light Work. Lifting 20 lbs. max.
 ☐ Medium Work. Lifting 50 lbs. max.
 ☐ Heavy Work. Lifting 100 lbs. max.
 ☐ Very Heavy Work. Lifting objects in excess of 100 lbs.
 	
 OTHER INSTRUCTIONS AND/OR LIMITATIONS:
 	
 _____
 _____
 _____
 _____
 _____
 _____
 _____
 _____
	1. In an 8 hour work day patient may:
	   a. Stand/Walk
	     ☐ None ☐ 4-6 Hours
	     ☐ 1-4 Hours ☐ 6-8 Hours
	   b. Sit
	     ☐ 1-3 Hrs. ☐ 3-5 Hrs. ☐ 5-8 Hrs.
	   c. Drive
	     ☐ 1-3 Hrs. ☐ 3-5 Hrs. ☐ 5-8 Hrs.
	 2. Patient may use hand for repetitive:
	   ☐ Single Grasping ☐ Pushing and Pulling
	   ☐ Fine Manipulation ☐ R ☐ L ☐ Both
	   ☐ Power Tools
	 3. Patient may use feet for repetitive movement as operating foot controls:
	     ☐ Yes ☐ No
	 4. Patient is able to:

Patient is able to:

	10/20 Per Hr.	1/10 Per Hr.	Not At All
a. Bend	☐	☐	☐
b. Squat	☐	☐	☐
c. Climb	☐	☐	☐
d. Twist Body	☐	☐	☐
e. Power Tools	☐	☐	☐

4. ☐ These restrictions are in effect until _____ (date) or until patient is reevaluated on _____ (date).
5. ☐ Employee is totally incapacitated at this time and will be reevaluated on _____ (date).

Referrals For Specialist, PT, or diagnostic testing other than x-rays: call Brentwood Services at (636) 812-9913   _____

Physician, please FAX to Brentwood Services at (636)489-0976

All bills for these services to be submitted to: Brentwood Services Administrators, Inc.

PO Box 4605
Chesterfield, MO 63006-4065