

Patient Medical Report - Workers Compensation Case

Date of Report: _____
Report Prepared By: _____
Provider/Facility Name: _____

Patient Information

Full Name	_____
Date of Birth	_____
Gender	_____
Employee ID/Claim Number	_____
Employer Name	_____
Job Title	_____

Injury/Illness Details

Date of Injury/Onset	_____
Nature of Injury/Illness	_____
Location of Incident	_____
Brief Description of Incident	
Symptoms Reported	

Medical Evaluation

Initial Examination Date	_____
Examination Findings	
Diagnostic Tests Performed	
Diagnosis	

Treatment Plan and Progress

Treatments Provided	
Medications Prescribed	

Follow-up Appointments	
Response to Treatment/Progress	

Work Status and Recommendations

Work Status	<input type="checkbox"/> Full Duty <input type="checkbox"/> Modified Duty <input type="checkbox"/> Off Work
Restrictions/Limitations	
Estimated Date of Return to Work	_____
Additional Recommendations	

Physician's Signature

Signature: _____

Name (Print): _____

Date: _____

Note: A **patient medical report** for workers compensation cases provides a detailed account of an employee's medical condition and treatment related to a work-related injury or illness. This report is essential for determining the extent of the injury, necessary medical care, and eligibility for compensation. Accurate and thorough documentation ensures proper claims processing and supports the employee's recovery and benefits.