KC PAIN CENTERS

Disability/FMLA Form Request

DataFile Technologies

Scanned/Faxed by:_____ **Today's Date** _____
MRN#_____

4100 N. Mulberry Dr, St 300
Kansas City, MO 64116
816-437-9134

We are pleased to assist you in completing your Disability and FMLA forms. Be advised there will be a 10 business day processing time frame, as well as a processing fee based on the type of form.

We understand you may have an urgent deadline for your paperwork and will do our best to accommodate; however all paperwork will be processed in the order that we receive it without exception. If you would like a copy of the form for yourself, please contact KC Pain Centers directly at 816-763-1559.

By law, we are required to have you provide us with a signed authorization giving your permission to disclose your information. By completing the form below, you are authorizing disclosure of your private health information.

***Indicates Required Field**

***Patient's Name** *(First, Middle Initial, Last)*_____

***Date of Birth** _____ ***Preferred Daytime Phone Number** _____

OK to Leave a Detailed Phone Message? □ **Yes** □ **No** ***E-Mail Address** _____
**Email address will be used to provide status updates*

□ **Disability forms** ($50) □ **FMLA Forms** ($50)

Date of Injury/Pain Onset: _____ **First Day Unable To Work**:_____
Length of expected leave:_____

***Name of company or employer to receive form:**

Complete additional copy of this form for each form requested.

Name:_____
Address:_____
_____
Fax:_____

*****Attach this form to the document to be completed for disability determination**

I authorize KC Pain Centers to provide charts, notes, x-rays, operative reports, lab and medication records and all other medical information about me, including medical history, diagnosis, testing, test results, prognosis and treatment of any physical or mental condition, including: any disorder of the immune system, including HIV, AIDS or other related syndromes or complexes; any communicable disease or disorder; any psychiatric or psychological condition, including test results; any condition, treatment, or therapy related to substance abuse, including alcohol and drugs; and any non-medical information requested about me, including things such as education, employment history, earnings or finances, return to work accommodation discussions or evaluations and eligibility for other benefits or leave periods including but not limited to claims status, benefit amount, payments, settlement terms, effective and termination dates, plan or program contributions.

I also acknowledge I am responsible to pay the form completion fee prior to form completion.

Signature: _____ Last 4 digits of your SS# _____
Write your full name

□ I electronically sign this document and agree to the terms and conditions and that the information is accurate. Further I verify my identity through this electronic signature.

□ **Signed Release on File**

□ **I approve this form completion** _____
Provider/Designee Signature

(Please Complete page 2)

Disability/FMLA Form Request

Patient Name:_____ Date of Birth_____ MRN:_____
(First, Middle Initial, Last) (for office use only)
Job Title:_____ Work Schedule: _____

Type of Leave: (check all that apply) ____ New Request ____ Extension/Recertification____ On the Job Injury

Requested FMLA: (check all that apply)
___Taken periodically over an extended period of time. Reduced Work Schedule
___Taken on consecutive days; employee is able to work some of his/her work schedule each day.
Physical Demands (in a typical work day, indicate the frequency of a task by placing a mark in the appropriate box)**:**

PHYSICAL DEMANDS	**Percentage of Time Designation**			
	Rarely <1%	Occasionally 1-33%	Frequently 34-66%	Continuously 67-100%
Bending	☐	☐	☒	☐
Carrying objects < 10 pounds	☐	☐	☐	☐
Climbing (step stool)	☐	☐	☐	☐
Crawling	☐	☐	☐	☐
Crouching	☐	☐	☐	☐
Kneeling	☐	☐	☐	☐
Lifting <10 pounds 10-20 pounds 21-30 pounds 30+ pounds	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐
Pushing (estimated weight):___**lbs**.	☐	☐	☐	☐
Pulling (estimated weight):___**lbs**.	☐	☐	☐	☐
Reaching	☐	☐	☐	☐
Repetitive motion with the wrists, hands and fingers	☐	☐	☐	☐
Sitting	☐	☐	☐	☐
Stairs (ascend/descend)	☐	☐	☐	☐
Standing	☐	☐	☐	☐
Stooping	☐	☐	☐	☐
Twisting	☐	☐	☐	☐
Walking	☐	☐	☐	☐