

CLINIC ENCOUNTER WORK SHEET

Clinic Visit Details

Employee Name _____

UUPIC _____ DOB _____

Date of Visit _____ Revisit: Yes _____ No _____

Arrival Time _____ Treatment Time _____ Discharge Time _____

Visit Type: Walk In _____ Scheduled _____

Employee Statement _____

Chief Complaint: _____

Duty Disposition: Released From Duty/ No Duty
Return To Modified Duty Perm
Return To Modified Duty Temp
Return to Regular

Medical Disposition: Referral to Outside Provider / Specialist
Released From Care / Discharged
Return to Clinic / Follow-up
Sent to Hospital / ER

Reason for Visit: International Travel
Fitness for Duty
Return to Work
Preplacement
Non-Occupational Injury or Illness
Occupational Illness or Injury
Primary Prevention
Medical Surveillance, Certification or Clearance

Date of Injury _____ Time of Injury _____ Occupational: Yes _____
No _____

Vital Signs: BP _____ Temp _____ Pulse _____ Respirations _____

Pain Scale: _____ Pulse Oxy _____

CLINIC ENCOUNTER WORK SHEET

Clinic Visit Details (Continued)

Exam Activities: _____

Notes: S: _____

O: _____

A: _____

P: _____

Procedures: _____

Diagnosis:

Nature of Injury: _____ Part of Body: _____ Side of Body: _____

Related to Clinic Visit: _____

Not Related to Visit: _____

Source: _____

Allergies: _____

Medications: _____

Work Restrictions: _____

Duty Disposition Report: Yes _____ No _____

Immunization: _____

Practitioner: _____