



Completing your FMLA/disability form:

Patient's Name \_\_\_\_\_

Date Dropped off \_\_\_\_\_ Staff initials: \_\_\_\_\_

In order to complete your disability forms correctly we will need to have the following information completed by you.

- 1. Nature of your disability: \_\_\_\_\_
2. Dates off requested: \_\_\_\_\_
3. Were you hospitalized? yes / no What dates: \_\_\_\_\_
4. Is this chronic or intermittent leave: \_\_\_\_\_
5. Date to return to work: \_\_\_\_\_
6. When completed, how should we return this to you? Fax or pick up (circle one) (please provide the fax number for us to send it too) \_\_\_\_\_

Signature of patient: \_\_\_\_\_

Form fee paid: yes / no Amt collected: \$ \_\_\_\_\_

Office use only:

- Scanned blank form: \_\_\_\_\_
Log note to provider: \_\_\_\_\_
Scanned completed form and logged in chart: \_\_\_\_\_
Returned to pt - Contacted pt: \_\_\_\_\_