

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
Division of Workers' Compensation
Nashville, Tennessee 37243-0661

ATTENDING PHYSICIAN'S REPORT

It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.

THE PATIENT	1. Name of Injured Person:				
	SSN:		Age:	Sex:	
	2. Address:		City:	State:	Zip:
	3. Employer Name:				
	Address:		City:	State:	Zip:
THE ACCIDENT	4. Date of Accident:	Hour:	AM/PM	Date of Disability:	
	5. State in patient's own words where and how accident occurred:				
THE INJURY	6. Give accurate description of nature and extent of injury and state your objective findings:				
	7. Is accident referred to above only cause of patient's condition?				
	If not, state contributing causes:				
	8. Is patient suffering from any disease of the heart, lungs, brain, kidneys, blood, vascular system or any other disabling condition not due to this accident?				
	Give particulars:				
	9. Has patient any physical impairment due to previous accident or disease?				
TREATMENT	Give particulars:				
	10. Has normal recovery been delayed for any reason?				
	Give particulars:				
	11. Who engaged your services?				
	12. Date of your first treatment:				
	13. Describe treatment given by you:				
	14. Was patient treated by anyone else?		When?		
15. Was patient hospitalized?		Name of hospital:			
Address of hospital:					
16. Date of admission to hospital:		Date of discharge:			
17. Is further treatment needed?		For how long?			
DISABILITY	18. Will the injury result in:				
	(a) Permanent Defect?		If so, what?		
	(b) Facial or head disfigurement?				
	19. Date able to return to work:				
	20. Date able to return to work light duty:				
21. If death ensued, give date:					
	Remarks: (Give any information of value not listed above)				
	This report must be signed personally by physician.				
	Date of report:		Signed		
Address:		Telephone:			