

- Please answer the questions below and return to the front desk with your form. This will help us get your form back to you in the most efficient time. Please allow one week to complete any forms. If the physician who treated you is out of the office the week you drop off the form, we reserve the right to extend this time period until he or she returns.
- It is helpful if you can attach a description of your usual work duties unless this can be easily deduced from your job description.
- There is a charge of \$25 for completion of the FMLA forms.

- 1) What day were you first seen for this illness? Please be specific including ER visits, Urgent care visits, office visits, etc.

- 2) What was the first day you missed work?

- 3) When do you expect to return to work (if you missed work for a family member's illness include those dates)?

- 4) Did you (or the family member you are caring for) receive medication for this illness? Please include name of medication.

- 5) Were you referred to any specialists or for therapy? If so, please include name, address and phone number of the specialist/therapist.

For office use only

Date form was dropped off ____

Provider_____

\$25 charge? yes___ No___ Provider initials_____