

□ Cardiology

Pleasant Valley Center 1301 Pleasant Valley Road, Ste. 202 Owensboro, KY 42303 Fax: (270) 417-7509 Cardiothoracic Surgery Pleasant Valley Center 1301 Pleasant Valley Road, Ste. 201 Owensboro, KY 42303 Fax: (270) 417-7529

FMLA & Disability Forms

Cardiology will complete forms for FMLA or disability only if the leave is a result of the patient's medical condition the practice is managing. The patient must answer the following questions, sign a release and pay \$25 when leaving the required paperwork.

Patient's Name		Date	e of Birth	Medica	Medical Record #	
Patient's Phone Number:			Alternate Phone Number:			
1.	Have you filled out your portion of this fo	orm?	Yes	s or	No	
2.	Have you signed a release? If not, please obtain one from an employ	/ee and sign it no	Yes ow.	s or	No	
3. 4.	Employment status: <i>If employed, please answer remaining qu</i> What was the last day you worked?	uestions. If not e		date bottom of form		
5.						
6.	Were you admitted to the hospital? If so, date(s) of hospital stay:					
7.	What is the expected date for you to return to work?					
8.	What physical activities are required to complete your job?					
9.	Will there be any work restrictions? If yes, please explain.		Yes		No	
10.	10. Please list a Human Resource Department person we may contact should we have any questions:					
	Name: Phone Number:					
Please allow <u>two weeks</u> for these forms to be completed.						
Patient's Signature			Date			
For Office Use Only						
Date Received: Payment Received: Ca			Check Credit Card Employee's Initials			
Date For	rwarded to Medical Staff	Da	ate Forwarded to Pr	Forwarded to Provider		
Date Me	dical Records Received	Da	Date Forms Completed:			