

**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.**

<b>THE PATIENT</b>	1. Name of Injured Person:			
	SSN:		Age:	Sex:
	2. Address:		City:	State:    Zip:
	3. Employer Name:			
	Address:		City:	State:    Zip:
<b>THE ACCIDENT</b>	4. Date of Accident:		Hour:	AM/PM    Date of Disability:
	5. State in patient's own words where and how accident occurred:			
<b>THE INJURY</b>	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?			
	Give particulars:			
<b>TREATMENT</b>	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?		
<b>DISABILITY</b>	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:		