DISABILITY QUESTIONNAIRE

There will be a **$25.00 charge** per set of forms for the completion of FMLA and/or disability forms
This will need to be paid at the time you drop off your forms.

Patient Name _______________________________ Acct #________________ Date of Birth ____________________

FIRST……..Please make sure you have completed and signed **YOUR PORTION** of the FMLA/ disability form. We cannot complete our portion without your signature. If this form is for someone other than the patient, please make sure the patient's name and relationship to the patient is on the form for reference.

Are these forms for FMLA _____ Short term disability ____ Other ________

Please allow 7-10 days business days for completion of your form.
For a 24 hour turn around there will be an additional fee of $10.00 per form.

SECOND….Please tell us what you would like done with the form when completed.

____Please call me at ______________________ and I will pick it up.
____Please fax form to ______________________________ Attention: ________________________
____I will pick up the original form at my next visit
____Please mail form to the following name and address:

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THIRD…….Please provide us with the following information to properly complete the form.

1. The date you anticipate beginning your disability _____________________________
2. The date you anticipate returning to work* __________________________________
3. Phone number(s) where you can be reached during the day ____________________

*We can only give the amount of time that is medically indicated. Vaginal Delivery 6 weeks, C/S 8 weeks

Who is your physician: **King ____ Leeman ____ Teach ____ Lindauer ____ Conway ____ Miller ____ Abreu ____**

I authorize Northwest Obstetrics & Gynecology Associates, Inc. to release any or all of my personal medical information

to: ____ for the purpose of completing disability /FMLA paperwork.

____ ____________________
Signature of Patient Date

Internal use only
# of forms ________ Pt paid $ _____________ by check # _________ cash cc _______ Rec'd by __________

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