DIVISION OF WORKERS' COMPENSATION

MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS

P.O. Box 58
Jefferson City, MO 65102-0058
573-751-4231
labor.mo.gov/DWC

PHYSICIAN'S REHABILITATION INFORMATION SHEET

The purpose of this form is to gather additional information to determine eligibility for physical rehabilitation benefits for the indicated injured employee. **Please note** the date of injury and complete the form according to the patient's condition at the time of the injury or initiation of rehabilitation. (The condition at the time of injury and rehabilitation may be different from present condition).

Employee:

Employer:

Injury No:

Insurer's No:

Attending Physician: _____

Complete Mailing Address: _____

_____

Phone Number: _____

Rehabilitation has been received:	☐ Yes	☐ No
Rehabilitation is currently being received:	☐ Yes	☐ No
Rehabilitation is expected to be received:	☐ Yes	☐ No
No rehabilitation received or indicated:	☐ Yes	☐ No

Insurance contact person for this claim:

Name: _____

Phone Number: _____

Return completed form to:

Fax: 573-522-1623

Mail: Attn: Physical Rehabilitation
Missouri Division of Workers' Compensation
P. O. Box 58
Jefferson City, MO 65102-0058

Missouri Division of Workers' Compensation is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. TDD/TTY: 800-735-2966 Relay Missouri: 711