

STATE OF SOUTH CAROLINA

IN THE FAMILY COURT

COUNTY OF \_\_\_\_\_

South Carolina Department of Social Services

Plaintiff,

vs.

Defendant.

JUDICIAL CIRCUIT

PHYSICIAN'S REPORT

-DR-

CSED No \_\_\_\_\_

The undersigned (print name here) \_\_\_\_\_

Doctor  Nurse  Nurse Practitioner  Physician's Assistant  Other \_\_\_\_\_, affirms that:

1. Patient's Name: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN: \_\_\_\_\_

2. Patient is being treated for: (basic diagnosis) \_\_\_\_\_

3. Date treatment began for this particular injury/disabling condition: \_\_\_\_\_

4. Patient is:
- presently able to work in his/her usual occupation;
  - not able to work in his/her usual occupation;
  - can work in a limited capacity as described below in Item 8;
  - released from care;
  - not now and has never been our patient.

5. Patient is:
- permanently and totally disabled;
  - temporarily disabled;
  - partially and permanently disabled;
  - partially and temporarily disabled;
  - Other: \_\_\_\_\_.

6. Present prognosis is that patient will be released to return to work on: \_\_\_\_\_ (date).

7. Patient is scheduled to be seen again on \_\_\_\_\_ (date) and/or has surgery or other treatment scheduled for \_\_\_\_\_ (date) for \_\_\_\_\_.

8. Remarkable comments: \_\_\_\_\_

Signed: (doctor/other) \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

This document is HIPAA compliant by Court Order dated: \_\_\_\_\_

OR by consent of the individual named above: (signature) \_\_\_\_\_