SMART SOLUTIONS. HEALTHY RESULTS.

Kaiser On-the-Job Treatment Summary

Treating CHP Provider: _____ KP Attending Physician: _____

Phone: _____ Patient Name: _____

Fax: _____ Kaiser I.D. #: _____

Work Status:

Medications:

Subjective Reports:

Objective findings:

Diagnosis (must be consistent with the diagnosis noted on the referral):

Treatment History (including number, frequency, modalities, exercises, patient education, etc.):

Response to treatment:

Recommendation:

- ☐ Released from treatment to return to Attending Physician.
- ☐ Additional treatment proposed:

Treatment Plan (consistent with KP referral):
Visits:
Duration (Start-End date):
Modalities:

Measureable Goals (work capacity, pain scale, OATs):

Forward to the Kaiser Permanente Occupational Health Department via fax at 866-559-3561
Questions about referrals should be directed to 503-735-7443