

PHYSICIANS & SURGEONS FOR WOMEN/ FMLA & DISABILITY COVER SHEET

Please note that it is the patients' responsibility to discuss with their employer exactly what coverage they are eligible for under their employer's policies. Physicians & Surgeons for Women takes no responsibility for the employer determination nor the patients' responsibility to ensure coverage with their employer. That responsibility lies solely with the patient. Please note that normal symptoms of pregnancy do not qualify under disability.

Patient's Name: _____ Today's Date: _____

*Is this form for someone OTHER THAN THE PATIENT? YES _____ NO _____

Name: _____ Relationship to Patient: _____

How many days is this person requesting to be off (maximum is 2 weeks unless complications) :

There is a \$25 charge per incident that must be paid before form(s) can be completed. Please allow our office 7 business days to complete these forms. Please let us know how you would like this form to be returned:

- Call me for pick up: _____
- Fax my form to : _____
- Mail my form to : _____

AUTHORIZATION:

I authorize the release of any/all medical information to my employer and/or Disability Company:

for the purpose of completing my FMLA/disability paperwork. I understand this may include information relating to sexually transmitted diseases, AIDS or HIV. It may also include information about behavioral/mental health services and treatment for alcohol/drug abuse.

Patient's Signature Date

PREGNANCY: ESTIMATED DUE DATE: _____

Do you plan to work until you go into labor? YES _____ NO _____

1. Are there other days you have missed work which need noted? _____
 - If YES please list the date(s) and why: _____

SURGERY: DATE SCHEDULED: _____

1. What is the LAST day of work prior to your surgery? _____
 - If this date is other than the day before surgery, please list why: _____

2. How long do you expect to be off work (according to discussion with your doctor)

ADOPTION: DATE OF ADOPTION: _____

1. Baby's birth date: _____
2. How long do you expect to be off work?

If time off is different than above, please provide a copy of your company's policy