

Please complete before your visit. Describe a typical workday and your harder days.

1 Patient and work details

Patient name

Date of completion

Employer / role

Hours / shifts per week

Current stage (select all that apply)

- ☐ Awaiting surgery
 ☐ Post-surgical
 ☐ No surgery scheduled

Planned surgery date / procedure, or surgery date / procedure (if applicable)

Main job tasks, work setting, commute, and any patient-care or safety duties

Which activities does your job require?

- ☐ Lifting/carrying
 ☐ Standing/walking
 ☐ Sitting
 ☐ Bending/twisting
 ☐ Driving
 ☐ Stairs
- ☐ Frequent bathroom delays
 ☐ Public-facing work
 ☐ High concentration
 ☐ Irregular shifts

Heaviest weight lifted and how often; standing/sitting duration; pace and break access

Last day worked, current work status, and proposed return date (if known)

2 Symptoms and review of systems

Pain now (0-10)

Worst flare (0-10)

Days impaired / 7

Symptoms affecting work (select all that apply)

- ☐ Pelvic/abdominal pain
 ☐ Back/leg pain
 ☐ Heavy bleeding
 ☐ Fatigue
 ☐ Nausea/vomiting
- ☐ Bloating
 ☐ Bowel symptoms
 ☐ Bladder symptoms
 ☐ Dizziness/faintness
 ☐ Sleep problems
- ☐ Brain fog
 ☐ Other

Pattern, triggers, predictability, and frequency/duration of flares

Bleeding, bowel/bladder urgency, or bathroom needs at work

Other current symptoms or concerns (including fever, chest symptoms, wound issues)

3 Physical and cognitive capacity

Comfortable limits before symptoms worsen (minutes or pounds; estimate if unsure)

Sitting

Standing

Walking

Lifting/carrying

Tasks you can do reliably; tasks you cannot yet do or can only do briefly

Attention, memory, decision-making, driving, or medication-related drowsiness concerns

4 Surgical stage and recovery

Before surgery: symptoms affecting work now; expected time off and support needs

After surgery: operation date, complications, incision/wound healing, and follow-up status

What activity instructions did your surgeon give you? Include lifting, driving, and dates.

5 Emotional health and flare management

In the past 2 weeks, what has affected your work readiness?

- ☐ Stress/anxiety
- ☐ Low mood
- ☐ Poor sleep
- ☐ Fear of a flare at work
- ☐ Difficulty coping
- ☐ None of these
- ☐ Prefer to discuss

How do pain and work demands affect your mood, focus, and confidence? What support helps?

Your current flare plan: medication/other measures, rest, contact person, and when to leave work

Treatment schedule (appointments, pelvic PT, medication timing) and side effects relevant to work

Accommodations you would like to discuss (breaks, bathroom access, remote work, reduced hours, etc.)

If symptoms are severe, new, or rapidly worsening, contact your care team promptly.

6 Patient priorities

Your preferred start date, hours, tasks, and concerns about returning

What would tell you that the plan is working, or that it needs to change?

7 Clinician review and individualized recommendation

Disposition

- ☐ Return full duty
 ☐ Return with temporary restrictions
 ☐ Continue leave

☐ Further evaluation needed

Start date and schedule (days/hours; gradual increase if appropriate)

Physical restrictions: lifting/carrying, bending, standing, walking, sitting, driving, etc.

Cognitive / safety considerations and work adjustments; document function, not private diagnosis

Breaks, bathroom access, flare response, remote work, and treatment appointment needs

Duration of restrictions; reassessment date; surgeon clearance or other coordination needed

Clinician name / credentials

Signature / date

This form supports an individualized clinical discussion; it is not a clearance letter by itself.