

FMLA Patient Intake

Complete this worksheet before your appointment. Bring any form your employer gave you.

Patient and employment information

Full name

Date of birth

Phone

Employer

Job title

Usual schedule (days / hours)

Employer paperwork due date

Describe your usual job duties, including physical, cognitive, and scheduling demands:

Why are you requesting leave? Check all that apply.

☐

Excision surgery / recovery

☐

Medical appointments

☐

Intermittent symptom flares

☐

Reduced work schedule

☐

Other (describe below)

Requested start date

Estimated end date (if known)

Surgery date (if scheduled)

Surgeon / treating clinician and contact information (if known):

Have you received an employer form?

☐

Yes

☐

No

Preferred way for our office to contact you about missing information:

☐

Phone

☐

Patient portal

☐

Other

Symptoms and Work Impact

Describe your experience in your own words. Your clinician will assess the medical facts.

Current symptoms and functional effects

Symptoms relevant to the leave request (for example pain, bowel/bladder symptoms, fatigue):

What work tasks become difficult or unsafe during symptoms or recovery?

How often do flares occur?

Typical duration of a flare

How much notice do you usually have before a flare?

Recent examples of missed work, shortened shifts, or appointments (dates if available):

Treatments, appointments, or procedures currently planned:

Work adjustments you hope to discuss with your clinician (not guaranteed restrictions):

Care Planning and Review

Do not send this patient worksheet to an employer unless you choose to do so.

Surgery and recovery (complete if applicable)

Procedure / location / planned admission or discharge, if known:

Surgeon-provided recovery or work instructions received so far:

Questions for your ELYSARA clinician about leave timing or intermittent absences:

Other clinicians involved in your care and relevant follow-up dates:

Information or records you plan to bring:

- ☐ Employer form ☐ Surgical plan ☐ Job description
☐ Visit notes / discharge instructions ☐ Other records

Anything else you want your clinician to understand about your needs?

Patient acknowledgment

The information I provided is accurate to the best of my knowledge. My treating clinician determines what can be medically certified; my employer determines FMLA eligibility and designation.

Patient name / electronic signature

Date