



KAISER PERMANENTE®

Release of Information Questionnaire:
FMLA, Short Term/Long Term Disability
or Obstetrical (OB) Treatment Form

> Please answer the questions below if you are submitting a FMLA, Short Term/Long Term Disability or Obstetrical (OB) treatment form to Release of Information.

PATIENT NAME: _____

KAISER HEALTH RECORD NUMBER: _____

Form is for you Form is for a family member's Name:

For Continuous Leave complete the following:

1. Have you been seen by the doctor for this condition?

If **yes**, Which Provider? _____ What condition? _____

If **no**, please schedule an appointment with your doctor and submit your paperwork **after** your appointment.

2. When was your first day off from work? Date: _____

3. When is your expected date to return to work? Date: _____

4. Are you scheduled for Surgery? Yes No If yes, Date: _____

5. Were you admitted to the hospital? Yes No

a. If yes, Date Admitted: _____

b. Name of Hospital: _____

c. Discharge Date: _____

6. Is the medical condition pregnancy? No Yes

a. If so, expected/actual delivery date: _____

. Vaginal Cesarean Section

For Intermittent Leave for a Chronic Condition complete the following:

1. Have you been **seen by the doctor** for **this condition** in the last 6 months?

If **yes**, proceed to question 2

If **no**, please schedule an appointment with your doctor and submit your paperwork **after** your appointment.

2. What doctor did you see for your chronic condition? _____

3. What is your chronic condition?

Thank you for your cooperation in helping us to complete your forms.