

Personal Physician Form

To (name of employer): _____

In case I sustain a job-related injury or illness, I designate my personal physician to provide medical care immediately after injury:

Personal physician: _____

Personal physician's medical group (recommended): _____

Address: _____

Telephone: _____

Personal physician's signature (recommended): _____

Employee's signature: _____

Name (print): _____

Date: _____

Instructions: You can predesignate a doctor of medicine (M.D.) or doctor of osteopathy (D.O.) who treated you in the past and has your medical records. This doctor must be your primary care physician and must agree to be predesignated. It may also be useful to predesignate the doctor's medical group. If you predesignate, you will be allowed to see your doctor and you may also be allowed to see another doctor in the same medical group right after you are injured. If you give your employer the name of your personal chiropractor or personal acupuncturist in writing before you are injured, you may switch to this chiropractor or acupuncturist upon request during the first 30 days after your employer learns about your injury or illness.

Source: Division of Worker's Compensation at the California Department of Industrial Relations.