

I need FMLA forms completed

Has your child been seen for a wellness exam in the last 12 months?

Yes

No

Did you discuss the situation/diagnosis surrounding the content of the letter at that or a subsequent visit?

Yes

No

Please schedule a wellness visit. We can't write letter or complete form until wellness is up to date.

Please schedule an appointment to discuss the issue/diagnosis.

Please complete the form (attached) in full. Please note we can't complete the FMLA request if any missing information.

- Allow 7 business days for completion.
- Any applicable fees must be collected before completed documents will be provided.
- Expedited requests (when able to provide) have an additional fee.
- Return the form to our Medical Records Department.
 - 9095 N. Hess St.
Hayden, ID 83835



FMLA Completion Request

In order to complete your form, we request that you complete all of the parental/patient information required on the form you are asking the Provider to fill out. We also request that you complete the following information:

Patient Name and DOB: <i>(Please Print)</i>	
Your Name, Relationship to Patient, and Phone Number: <i>(Please Print)</i>	
Diagnosis for which FMLA is being requested:	
Which Provider Evaluated Child/Self Regarding Diagnosis?	
Date of last visit regarding diagnosis:	
Other Clinics/Facilities Treating Diagnosis: <i>(Ex: Physical Therapy, Shriners, etc.)</i>	
Dates of leave requested: <i>(Please provide specific dates)</i>	Start: _____ End: _____
Date form/letter is needed: <i>(If needed sooner than 5-7 Business days, Expedited Fee of \$10 will be added)</i>	
Special Requests/Information you would like included:	
Signature and Today's Date:	
Which office would you prefer for pickup? <i>(Please circle)</i>	Coeur d'Alene Post Falls Hayden
Or	
Please mail to: <i>(We cannot Fax or Email)</i>	

FOR STAFF USE ONLY

FRONT		
Form information completed	Yes	No
Visit needed	Yes	No
Expedite	Yes	No
Date routed to medical records:		
Staff initials:		

MEDICAL RECORDS			
Fee required	Yes		
Expedited fee collected	Yes	No	
Date fee collected:			

Date routed to front for pickup:
Staff initials:

Date picked up by patient/parent:
Staff initials:

Date form mailed:
Staff initials: