



Instructions

- Do not complete this report until you have received the *Nursing Evaluation* (MEDCO-20). You must complete this evaluation in its entirety to avoid unnecessary denial of nursing care.
- Return completed form to appropriate BWC customer service office.

Injured worker's name		Social Security number	Date of injury	Claim number
Address		Claim allowance(s) (list ICD-9 codes and descriptions):		
City, State, ZIP code				
Date of last examination				
Does the injured worker have other medical or psychological conditions (beyond those listed as claim allowances above) contributing to the need for nursing care? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain:		
Have there been hospitalizations due to allowed condition(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain:		
Functional limitations (reason homebound/prior functional status and relationship to the claim allowances)				
Rehabilitation potential				
Is the injured worker at his or her maximum level of functioning? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If not, what improvements do you expect in functional capacity and self-care ability?				
Treatment plan/updated treatment plan/new orders (Explain necessary details of care including diagnosis, medications, prognosis, teaching, habits, as related to the claim allowances, etc.)				

