



Virginia Workers' Compensation Commission

333 E. Franklin St., Richmond, Virginia

Phone: 1-877-664-2566

Website: <http://www.workcomp.virginia.gov>

WebFile: <https://webfile.workcomp.virginia.gov>

Attending Physician's Report

VWC Jurisdiction Claim Number (JCN)

Employee			
1. Patient's Name		2. Phone Number	
3. Address	4. Date of Birth	5. Sex Male / Female	
	6. Social Security Number		
Background Information			
7. Name of Employer		8. Address of Employer	
9. Date of Injury or illness			
10. Patient's account of how injury or exposure to occupational disease occurred			
11. Date of first visit		12. Date of discharge	13. Person authorizing treatment
Findings and Diagnosis			
14. Findings upon examination, including results of x-rays, laboratory studies, etc. Please not any prior injuries and pre-existing conditions. Provide additional comments on the reverse side of this form.			
15. Diagnosis		16. Is diagnosis condition due to the occurrence described by patient? Yes / No / Unknown	
17. Nature of treatment		18. Dates of your treatment	
19. Provide names and addresses of other health care providers to whom patient was referred			
20. Was there any fracture or amputation? Yes / No / Unknown		21. Please describe	
22. Was there disability for work? Yes / No / Unknown		23. Date disability began	24. Date able to return to light work
		25. Date able to return to regular work	
26. Will there be any permanent defect or disfigurement? Yes / No / Unknown		27. Please describe	
		28. Has patient reached maximum medical improvement? Yes / No	
Attending Physician			
29. Name of Attending Physician		30. Address	
31. Date of this report			
I certify that I personally examined and treated this patient. Signature _____, MD			

FILING INSTRUCTIONS
(Instructions Updated 01/14/2013)

Attending Physician's Report
VWC Form 6

The treating physician completes this form and the report provides specific medical information including date of accident, diagnosis, prognosis, the disability period(s), and the extent of any permanent disability.

Filing options:

1. **By Internet:** This form may be filed electronically through the Commission's WebFile system at <http://webfile.workcomp.virginia.gov>. To file electronically, the user must have a valid and active WebFile account.
2. **By mail:** 333 E. Franklin St., Richmond, Virginia 23219
3. **By fax:** (804) 823-6956

This form is available on the Commission's website at www.workcomp.virginia.gov.

For questions about or assistance with completing this form, please contact the Commission toll-free by phone at 1-877-664-2566 or by email at Questions@workcomp.virginia.gov.