

**DALLAS POLICE AND FIRE PENSION SYSTEM
ATTENDING PHYSICIAN'S STATEMENT**

**IF SPACE PROVIDED IS INSUFFICIENT, PLEASE ATTACH
SUPPLEMENTARY INFORMATION TO THIS EVALUATION**

Purpose: The following questions are presented to assist the physician/psychiatrist in providing information to the Dallas Police and Fire Pension System ("System") that is necessary for a determination of whether a Pensioner continues to be disabled for purposes of entitlement to disability benefits. We believe that this information will also allow the System to establish an appropriate recall period to reevaluate the status of the Member's disability, provide relevant information to the City of Dallas ("City") to determine whether the Pensioner may be suitably employed, and assist the City in any determination of the reasonable accommodations necessary for employment of the Pensioner.

THESE MATTERS HAVE SIGNIFICANT ECONOMIC IMPLICATIONS TO BOTH YOUR PATIENT AND THE SYSTEM. YOUR DILIGENCE IN PROVIDING ALL THE REQUESTED INFORMATION AND ANY OTHER INFORMATION THAT YOU BELIEVE MAY BE RELEVANT TO THIS MATTER, IS THEREFORE, GREATLY APPRECIATED.

Name of Pensioner _____ SSN _____

1. Date(s) of Consultation _____

2. Completely describe the Pensioner's relevant personal and family medical/psychiatric/psychological history.

(Name of Pensioner _____)

3. Findings:

(a) Subjective

(b) Objective

4. Please describe in detail the evidence you relied upon for such assessment, diagnosis and prognosis of the Pensioner's physical/psychiatric condition.

5. In your opinion, can the Pensioner perform the job duties described in Attachment "A" to this Statement? _____

6. Please describe in detail any accommodation(s) that you believe would be necessary to permit the Pensioner to resume the duties described in Attachment "A" to this Statement.

(Name of Pensioner _____)

7. If your answer to question number 5 is “no”, please state in detail whether the Pensioner can perform sedentary duties described in Attachment “B” to this Statement.

8. Please describe in detail any accommodation(s) that you believe would be necessary to permit the Pensioner to perform the sedentary duties described in Attachment “B” to this Statement.

9. In your opinion, are there any job-related activities that the Pensioner cannot or should not perform? Please be specific and explain the basis for your recommendation(s)?

10. In your opinion, is the Pensioner’s condition temporary or permanent?

Please provide a detailed explanation of why you believe the Pensioner’s condition is temporary or permanent.

(Name of Pensioner _____)

11. If you believe that the Pensioner's condition is temporary, when would you expect the Pensioner to be capable of resuming the duties described in Attachment "A" to this Statement?

12. If you believe that the Pensioner's condition is temporary, when would you expect the Pensioner to be capable of performing the sedentary duties described in Attachment "B" to this Statement?

13. Would you or have you recommended any type of treatment or therapy to the Pensioner? Please describe in detail the kind of treatment or therapy that you have or would recommend.

14. Please explain whether the anticipated date of the Pensioner's resumption of the duties described in Attachment "A" to this statement would be different if the Pensioner underwent the recommended treatment or therapy.

(Name of Pensioner _____)

15. If the Pensioner underwent the recommended treatment or therapy, would any accommodation(s) be necessary to permit the Pensioner to resume the duties described in Attachment "A" to this Statement? Explain the basis of your opinion.

16. If the Pensioner underwent the recommended treatment or therapy, would any accommodation(s) be necessary to permit the Pensioner to perform the sedentary duties described in Attachment "B" to this Statement? Explain the basis of your opinion.

17. If no treatment or therapy has been recommended, please explain in detail the reason(s) (including any medical reason) for refraining from making the recommendation.

18. When would you recommend the Pensioner undergo a follow-up evaluation of his/her disability? Please explain the basis for such recommendation.

(Name of Pensioner _____)

19. If the Pensioner was granted a psychiatric/psychological disability, did the Pensioner undergo psychiatric/psychological evaluation and/or testing? If so, please provide copies of related psychological evaluation(s) and test(s) and summarize their results below.
20. If no such psychiatric/psychological evaluation and/or testing has been performed, please explain the reason the evaluation and/or testing was not performed.

I hereby certify that I evaluated _____ on _____
and that his or her condition is accurately described above.

**PLEASE ATTACH ANY SUPPLEMENTAL NARRATIVE
INFORMATION AND ALL MEDICAL, LABORATORY AND X-RAYS
AND OTHER RELEVANT REPORTS TO THIS STATEMENT**

Date _____ Signed _____

Physician's Name (please print) _____

Address _____

City _____ State _____ Zip _____

Telephone _____

The Pensioner's disability recall will not be considered by the Board of Trustees of the Dallas Police and Fire Pension System until all of the questions on this form have been answered in full. Call 214-638-FUND (3863) if you have any questions about this form.

DALLAS POLICE AND FIRE PENSION SYSTEM, 4100 Harry Hines Blvd., Suite 100,
Dallas, Texas 75219

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