



Disability Office
Intake Form

Please complete this in full so that we may begin to process your request. Missing or incorrect information may delay the process.

Today's date: \_\_\_/\_\_\_/\_\_\_ Patient Name: \_\_\_\_\_
Patient's DOB: \_\_\_\_\_ Patient's MR# (if known): \_\_\_\_\_ Patient's Physician \_\_\_\_\_

WHO NEEDS THE TIME OFF WORK: Patient [ ] Caregiver [ ] Caregiver Name: \_\_\_\_\_

Must select one of the following:

Intermittent leave [ ] YES [ ] NO

Start date of leave: \_\_\_/\_\_\_/\_\_\_
Estimated days needed off per month: \_\_\_\_\_

OR

Continuous / Block leave [ ] YES [ ] NO

Start date of leave: \_\_\_/\_\_\_/\_\_\_
Return to Work date (if known): \_\_\_/\_\_\_/\_\_\_

Once form is completed where should we send it? (Please check ONLY ONE.)

[ ] Fax to Insurance Company/Employer ( ) \_\_\_\_\_ - \_\_\_\_\_
Attn: \_\_\_\_\_

OR

[ ] Mail to Patient or Employer.

We are unable to email completed forms to patients or employers

US Mailing Address: \_\_\_\_\_
Attn: \_\_\_\_\_

Processing of paperwork will take up to 15 Business Days from date of receipt of this worksheet. Please contact your employer or disability provider for an update on the form. If it has been more than 15 business days since the form was submitted to the Disability Office and it has not been received by your employer or insurance provider, please leave a message on the Disability Line at (813) 745-2356 or email disabilityoffice@moffitt.org or via fax at (813) 449-6640 and someone will return your call by the end of the next business day. Once completed, forms will be accessible on the Moffitt Patient Portal.

Signature of person completing form: \_\_\_\_\_ Date: \_\_\_\_\_