



FMLA Form Request

*In order for FMLA forms to be completed the patient needs to have been seen in the office for a check-up or applicable medical condition within the last year. If the patient has not been seen, the parent/patient must schedule an appointment for a check-up or applicable medical condition to discuss and complete FMLA forms. The forms must be brought to the appointment by the patient/parent to be completed.

**If the patient has been seen please complete the following information. This information will be used to help support the provider's decision regarding answering questions and form completion.

Patient Name _____ Date of Birth _____

Parent/Caregiver's Name(s) _____

Phone number(s) _____

(please provide best number to reach you if the provider has questions regarding this form)

Medical conditions of concern:

Approximate time parent assumes will be needed for each condition listed (i.e. a half of a day, 1 full day)

Approximate frequency of medical condition of concern (i.e. every week, every month)

Please review the form that you are asking to be completed and document any helpful information for us in answering these questions. Please realize that most patients needing FMLA forms also see specialists and other resources for their ongoing care, we do not always have the updated information from the specialist and or resources on file, therefore we need your assistance in helping to supply this information. Please also understand that the provider may want to see the patient in the office before completing this form to ensure that the most accurate information is given as we provide the best care possible for our patients.

Additional notes for provider:

WWW.COMMONWEALTHPEDIATRICS.COM

OLD JAHNKE ROAD
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(804) 320-1353

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6510 HARBOUR VIEW CT, STE 100
MIDLOTHIAN, VA 23112
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WESTCHESTER COMMONS
15400 WC COMMONS WAY
MIDLOTHIAN, VA 23113
(804) 549-5405