Worker's Compensation Questionnaire

Please answer all questions completed and return to office.

Employee's name and address ______________________________________

____

Phone Number ____

Occupation ____

Age __________ Sex: ___Male ___Female

Employer's name and address ______________________________________

____

Phone Number _________________________ Fax Number __________________

Type of business (retail, manufacturing, construction, etc.) ___________________

____

Worker's Compensation Insurance Carrier ______________________________

On what date did your injury occur? ___________ What Time?________AM PM

What address were you at when you were injured? ________________________

____

Did you notify your employer of this injury? ___Yes ___No

Have you retained an attorney? ___Yes ___No

If yes, please provide name and address ________________________________

____

____

Are you currently in litigation for this injury? ___Yes ___No

Please explain how the injury occurred? _________________________________

____

____

What injuries did you suffer? ______________________________________

____

____

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When was the last day you worked? ___________________________________

When did you return to work? ____

When was your first examination? _____________________________________

Who examined you? ____

Check one, if known: ___D.C ___M.D ___D.O ____D.D.S

What was the doctor's diagnosis? _____________________________________

____

Have you received any treatments prior to visiting this office? ___Yes ___No

What treatments did you receive? ____________________________________

____

Have you ever injured this area before? ___Yes ___No

If yes, when did the injury occur? ____________________________________

Did you lose time from work? ___Yes ___No

If you lost time from work with injuries, please list doctor or doctors consulted:

____

____

Do you have other injuries or illnesses that affect your employment? __Yes__No

If yes, Please explain ____

____

In your work, do you favor one part of your body more than others? __Yes __No

If yes, please explain ____

____

Do you have a history of absenteeism caused from accidents on the job?

__Yes __No

Have you ever had a Worker's Compensation claim before? ___Yes ___No

Before the injury, were you capable of working on an equal basis with others your age? ___Yes ___No

Are your work activities restricted as a result of this accident? ___Yes ___No

Since this injury are your symptoms: __improving __getting worse __the same?

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