# WORKER'S COMPENSATION QUESTIONNAIRE

*This information will be strictly confidential. Your answers will help us determine if chiropractic care will benefit you. Please print and be as accurate and complete as possible. Thank you.*

## PATIENT INFORMATION

| NAME Last | First | Middle | HOME PHONE | DATE |
|---|---|---|---|---|
| | | | | |

| ADDRESS | CITY | STATE | ZIP |
|---|---|---|---|
| | | | |

| SOCIAL SECURITY # | AGE | BIRTH DATE | SEX | MARITAL STATUS | NO. OF CHILDREN |
|---|---|---|---|---|---|
| | | | | | |

| EMPLOYER | ADDRESS | BUSINESS PHONE |
|---|---|---|
| | | |

| OCCUPATION | WHO REFERRED YOU TO OUR OFFICE? |
|---|---|
| | |

## ACCIDENT INFORMATION

GIVE DETAILS OF HOW ACCIDENT OCCURRED:

DATE AND TIME OF ACCIDENT: ☐ A.M. ☐ P.M.

WAS EMPLOYER NOTIFIED? IF YES, NAME OF PERSON NOTIFIED ☐ No ☐ Yes ►

HAS EMPLOYER AUTHORIZED TREATMENT?
IF YES, GIVE NAME OF PERSON AUTHORIZING: ☐ No ☐ Yes ►

EXACT AREA(S) OF PAIN IMMEDIATELY AFTER ACCIDENT:

WHERE WERE YOU TAKEN AFTER THE ACCIDENT?

WHAT TREATMENT WAS GIVEN?

WHAT DIAGNOSIS WAS GIVEN?

DOCTOR'S NAME

HOW OFTEN DID YOU SEE THIS DOCTOR?

DID YOU CONSULT ANOTHER DOCTOR? IF YES, GIVE NAME, ADDRESS & PHONE NO

☐ No ☐ Yes ►

AFTER THE ACCIDENT, DID YOU RETURN TO WORK? IF YES, GIVE DATE.

☐ No ☐ Yes ►

ANY PRIOR INJURIES OR SYMPTOMS TO THE SAME AREA(S)? IF YES, PLEASE DESCRIBE.

☐ No ☐ Yes ►

HAS INJURY RESTRICTED YOUR WORK? IF YES, IN WHAT WAY?

☐ No ☐ Yes ►

BEFORE THIS INJURY, WERE YOU ABLE TO WORK ON AN EQUAL BASIS WITH OTHERS YOUR AGE? IF NO, EXPLAIN.

☐ Yes ☐ No ►

DO YOU FAVOR ANY BODY PART WHILE WORKING? IF YES, PLEASE EXPLAIN.

☐ No ☐ Yes ►

DO YOU HAVE ANY OTHER CONDITIONS THAT AFFECT YOUR WORK? IF YES, PLEASE EXPLAIN.

☐ No ☐ Yes ►

HAVE YOU LOST WORK TIME DUE TO ANY PRIOR INJURIES?

☐ No ☐ Yes ►

HAVE YOU HAD A WORKER'S COMPENSATION CLAIM BEFORE?

☐ No ☐ Yes ►

SINCE THIS INJURY, ARE YOUR SYMPTOMS:

☐ Improving ☐ The Same ☐ Getting Worse

HAVE YOU RETAINED AN ATTORNEY? IF YES, GIVE NAME, ADDRESS & PHONE.

☐ No ☐ Yes ► Attorney's Name

| ATTORNEY'S ADDRESS | PHONE | IS THERE LITIGATION? |
|---|---|---|
| | | ☐ Yes ☐ No ☐ Maybe |