

Worker's Compensation Questionnaire

Date of Injury _____

Patient _____ Phone Number _____

Address _____ State, City, Zip _____

Birthdate _____ Age _____ Sex _____ SS# _____

Name of Compensation Carrier _____

Address of Carrier _____

City, State, Zip _____ Phone number _____

Patient Employer's Name _____

Address of Employer _____

City, State, Zip _____ Phone Number _____

Type of Business _____ Your occupation _____

Last Date Worked _____ Are you off work? () yes () no

Accident reported to employer? () yes () no Name of person reported to _____

Length of time worked there prior to accident _____

Type of work being done at time of injury _____

In your own words, please describe the accident: _____

Since the accident, are you: () improved () unchanged () getting worse

What types of medicines are you taking? _____

Do these medicines help? () yes () no () don't know

Prior to this accident, have you ever had any of the physical complaints similar to what you have now?

() yes () no () don't know

If yes, please describe _____

Have you returned to work since this accident? () yes () no

In a typical 8-hour work day, I : (Circle # of hours / activity)

Sit: 1 2 3 4 5 6 7 8 Hours

Stand: 1 2 3 4 5 6 7 8 Hours

Walk: 1 2 3 4 5 6 7 8 Hours

Current Medical Complaints

Back Pain:

- Currently, I have pain in my: low back mid back upper back
- My pain began: gradually suddenly
- I have pain: sometimes all of the time
- My pain goes into my: right leg left leg both neither
- I have tingling and/or numbness in my: right leg left leg both neither
- My pain is worse when I:
- cough or sneeze yes no
- sit yes no
- bend yes no
- walk yes no
- lift yes no
- push yes no
- pull yes no
- My pain wakes me up during the night yes no
- Changes in weather affect my pain yes no

Neck Pain:

- My neck pain began: gradually suddenly
- I have pain: sometimes all of the time
- My pain goes into my: right arm left arm both neither
- I have tingling and/or numbness in my: right arm left arm both neither
- My pain is worse when I:
- cough or sneeze yes no
- bend forward yes no
- lift yes no
- push yes no
- pull yes no
- turn my head yes no
- My pain wakes me up during the night yes no
- Changes in the weather affect my pain yes no
- I have neck stiffness yes no
- I have headaches yes no
- If I do get headaches, they occur: sometimes all of the time

Please list any additional comments _____

Signature _____ Date _____