

Workers' Compensation Questionnaire

Please answer all questions completely

Dear Patient: This information is considered confidential. We need this information because we care enough to want to know, and your answers will help us determine if chiropractic can help you. If we do not sincerely believe your condition will respond satisfactorily, we will not accept your case. In order for us to understand your condition properly, please be as neat and accurate as possible while completing this form. Thank you.

Name _____ Sex _____ Marital Status _____ Date of Birth _____ Home Phone _____
Address _____ City _____ State _____ Zip _____
Occupation _____ Who referred you to our office? _____
(Indicate if child, student, housewife, unemployed, retired)
Social Sec. # _____ Business Phone _____ Company Name _____ Location _____
Spouse's First Name _____ Spouse's Soc. Sec. # _____ Spouse's Employer _____ Location _____

Please explain in detail how your accident happened _____

Have you retained an attorney? Yes No Litigation? Yes No Maybe

If so, name and address _____

Give time and date present injury occurred _____ AM PM _____ 19____

Where did you feel pain immediately after the accident? _____

Did you return to work? Yes No If so, date returned to work _____

Did you consult any other doctor? Yes No

If so, give doctor's name _____ D.C., M.D., D.O., D.D.S.

Doctor's diagnosis _____

What treatments did you receive? _____

Have you ever injured this area before? Yes No If so, when? _____

If injured before, did you lose time from work? Yes No

If you lost time from work with injuries prior to this injury, give name of doctor or doctors consulted _____

Do any other diseases or accidents affect your employment? Yes No If so, explain _____

In your work do you have to favor any part of your body? Yes No If so, explain _____

Do you have a history of absenteeism caused from accidents on the job? Yes No

Have you ever had a Workmen'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?