

Worker's Compensation Questionnaire

Employee's name & address: _____

Phone number: _____

Occupation: _____ Age: _____ Gender: Male Female

Employer's name & address: _____

Phone 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 addresses 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 give the name & address: _____

Are you currently in litigation for this injury? Yes No

Please explain how the injury or illness occurred: _____

If you were involved in a motor vehicle accident, were you on the clock at the time of the accident? Yes No

What injuries did you suffer? _____

When was the last day you worked? ___/___/___ When did you return to work? ___/___/___

When was your first examination? ___/___/___

Who examined you? _____ 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 injured this area before? Yes No If yes, then when did it occur? ___/___/___

Did you lose time from work? Yes No

If you lost time from work with injuries prior to this injury, 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 the injury are your symptoms: Improving? Getting worse? Staying the same?

Patient or Guardian's Signature _____ **Date** _____