

**WORK RELATED INJURY**

Reason for your visit today?  Right Side  Left Side  Both Sides Body Part: \_\_\_\_\_

Date of your injury: \_\_\_\_\_

When did you first report the injury? \_\_\_\_\_

To whom did you report the injury (name and title): Name \_\_\_\_\_ Title \_\_\_\_\_

When did you first receive treatment? \_\_\_\_\_

Who first treated you and where: Doctor \_\_\_\_\_ Location \_\_\_\_\_

Have you been released from care by any physician:  Yes  No If yes, date released: \_\_\_\_\_

What are your restrictions: \_\_\_\_\_

How has this injury affected your life? \_\_\_\_\_

**EMPLOYMENT HISTORY**

Employer at the time of injury: \_\_\_\_\_

How long had you been employed there at the time of the injury: \_\_\_\_\_

How many hours per week did you work at the time of the injury: \_\_\_\_\_

Following your injury, did you continue to work?  Yes  No

Date you last worked: \_\_\_\_\_

List dates you did not work: \_\_\_\_\_

List dates you performed light/modified duty: \_\_\_\_\_

Have you returned to regular duty:  Yes  No If yes, date: \_\_\_\_\_

If you did not return to work when you were released from a physician's care, why? \_\_\_\_\_

How long have you been in this line of work: \_\_\_\_\_

Basic work duties at the time of injury: \_\_\_\_\_

Tools/machinery routinely used: \_\_\_\_\_

Are you working for the same employer:  Yes  No

If no, who is your present employer: \_\_\_\_\_

What are your new/current job duties: \_\_\_\_\_

Have you/will you be retrained:  Yes  No To what position: \_\_\_\_\_

Have you ever been injured at work before:  Yes  No

If yes, list all previous work-related injuries, restrictions given and settlements received: \_\_\_\_\_

Since this injury, list all more recent injuries: \_\_\_\_\_

Did you work elsewhere at the same time:  Yes  No

If yes, what was the name of the company: \_\_\_\_\_

If yes, what were your duties: \_\_\_\_\_

How long did you work at both places at the same time: \_\_\_\_\_

**Starting with most recent job, list all of the places that you have worked in the past:**

EMPLOYER	POSITION	HOW LONG

Date:

Patient Name:

Date of Birth: