Workers Compensation Questionnaire

Name: _____ **Today's date:** _____

Please explain in detail how your accident happened: _____
_____
_____

Date & Time of Accident _____ □ **a.m.** □ **p.m.**
Where did the accident occur: (if other than employer's address) _____
Was your accident directly related to your work? □ **Yes** □ **No**
Did you report your accident to your employer? □ **Yes** □ **No**
Has treatment for this injury been authorized? □ **Yes** □ **No**
Did you return to work? □ **Yes** □ **No If so, date returned to work** _____
Are your work activities restricted as a result of this accident? □ **Yes** □ **No**
Did you consult any other doctor? □ **Yes** □ **No**
If so, give doctor's name: _____□ **D.C.** □ **M.D.** □ **D.O.** □ **D.D.S.**
Describe any treatment you received: _____
Have you ever injured this area before: □ **Yes** □ **No If yes, when?** _____

Check symptoms you have noticed since the accident:

□ **Headache**	□ **Dizziness**	□ **Nausea**	□ **Tingling in Arms**
□ **Memory Loss**	□ **Loss of Balance**	□ **Fever**	□ **Numbness in Fingers**
□ **Blurred Vision**	□ **Light Bothers Eyes**	□ **Hands Cold**	□ **Upper Back Pain**
□ **Buzzing in Ears**	□ **Head Seems Too Heavy**	□ **Feet Cold**	□ **Upper Back Stiffness**
□ **Ears Ringing**	□ **Loss of Smell**	□ **Jaw Problems**	□ **Low Back Pain**
□ **Fainting**	□ **Loss of Taste**	□ **Neck Pain**	□ **Leg Pain**
□ **Face Flushed**	□ **Shortness of Breath**	□ **Neck Stiffness**	□ **Tingling in Legs**
□ **Nervousness**	□ **Chest Pain**	□ **Arm/Shoulder Pain**	□ **Numbness in Toes**

Since this injury are your symptoms: □ **improving** □ **getting worse** □ **constant** □ **same** □ **comes and goes**

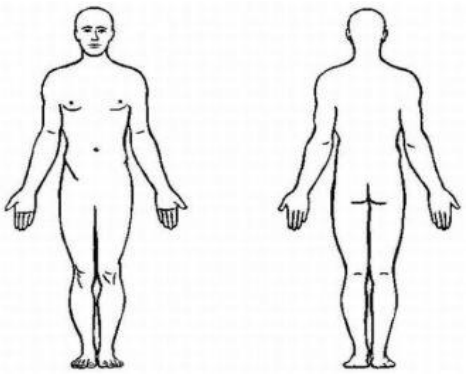
List major complaints and rate the intensity of the pain on a scale of 1 to 10.

1. Primary complaint: _____ **1 2 3 4 5 6 7 8 9 10**

2. Secondary complaint: _____ **1 2 3 4 5 6 7 8 9 10**

3. Other complaint: _____ **1 2 3 4 5 6 7 8 9 10**

Please mark on the drawings below, the area(s) and type of pain/sensation that you are feeling.



Numbness…….N
Pain……..P
Tingling……..T
Ache……A
Stiffness……..S

_____
Signature