

WORKERS COMPENSATION INTAKE FORM

Name _____ **DOB** _____ **Date** _____
Male _____ Female _____ Height _____ Weight _____ Single _____ Married _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Email address _____
Cell Phone _____ Cell Carrier for text reminders _____
Employer _____ Occupation _____
Insurance Company _____ Claim # _____
Name of insurance adjustor _____ Phone _____
Attorney's name _____ Phone _____
Supervisor name _____ Date and time of accident _____
Witnesses to accident: _____ Was an incident report filed? _____
Explain how the accident happened _____

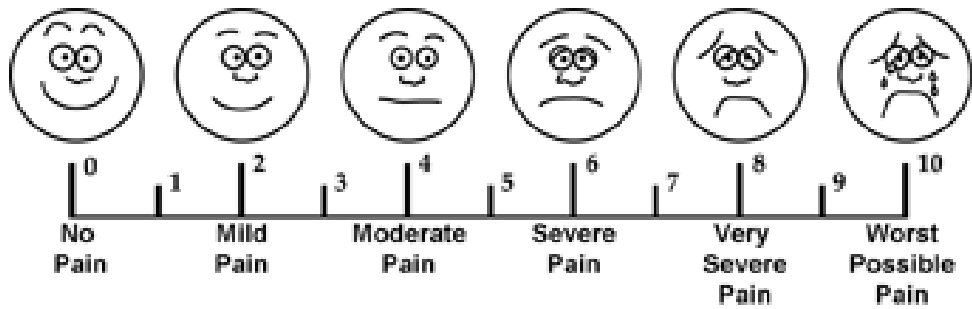
Please circle your answers:

My pain started: immediately, slowly over time, quickly after injury
My symptoms are: constant, come and go, depends on activity. My condition is getting: better, worse, same
My pain feels: sharp, tight, dull ache, numb, burning, throbbing, stabbing, tingling
Does your pain radiate to other areas? Y/N Where? _____
My pain increases when I: sit, stand, stand up, bend, walk, reach, climb stairs, lift, get in and out of a car
Have you ever had pain in this area in the past? Y/N How often? _____
My pain interferes with: work, sleep, daily routine, recreation
What makes your pain better: ice, heat, bed rest, wraps or braces, traction, Aspirin, Tylenol, Advil, Naproxen, stretching, other _____
What other health provider have you seen for this condition? _____
What tests have you had for this condition: X-rays, CT/ MRI, Ultrasound, blood tests, _____
What other treatment have you had for this condition? _____
Have you missed time from work? Y / N How much? _____
Have you returned to work? Y / N Date returned? _____
Current work hours? _____
Have you injured this body part before? Y / N Date _____
Have you had an on the job injury before? Y / N Date _____
Before the injury were you capable of working on an equal basis with others your age? Y / N

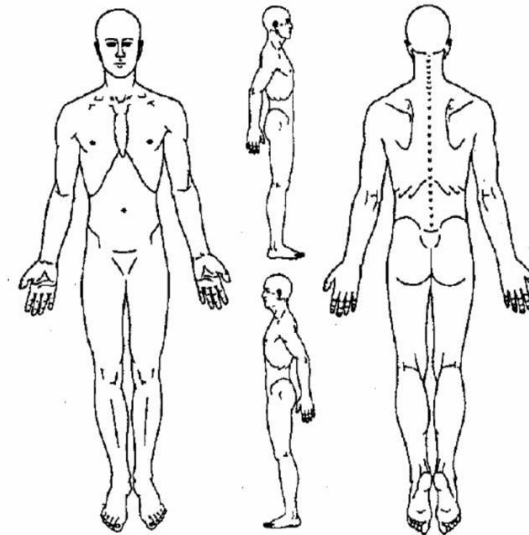
Name _____

DOB _____

Please circle the face below to show how bad your pain has been recently:



Please circle your areas of pain:



Please present your current insurance card and photo ID to the receptionist.