

# WORKER'S COMPENSATION QUESTIONNAIRE

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Please answer all questions completed and return to office.

Employee's name & address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Age: \_\_\_\_\_ Sex:  M  F

Employer's name & address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

Type of business (retail, manufacturing, construction, etc.) \_\_\_\_\_  
\_\_\_\_\_

Workers Compensation Insurance Carrier: \_\_\_\_\_

On what date did your injury occur? \_\_\_\_\_ What time? \_\_\_\_\_ AM PM

What address 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 name & address: \_\_\_\_\_  
\_\_\_\_\_

Are you currently in litigation for this injury?  Yes  No  Maybe

Please explain how the injury or illness occurred: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check one, if known:  D.C.  M.D.  D.O.  D.D.S.

What was doctor's diagnosis? \_\_\_\_\_  
\_\_\_\_\_

**(Please complete opposite side.)**

Have you received any treatments prior to visiting this office?  Yes  No

What treatments did you receive? \_\_\_\_\_  
\_\_\_\_\_

Have you ever injured this area before?  Yes  No

If Yes, when did the injury 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 this injury are your symptoms:  improving?  getting worse?  the same?