



Workers Compensation Questionnaire

Please answer all questions completely

This information is considered confidential. Your answers will help us determine if chiropractic can help you and your health condition. If we do not sincerely believe your condition will respond sufficiently, we will not accept your case. In order for us to understand your condition, please be as accurate as possible in completing this form. Thank you.

Name _____ Sex _____ Date of Birth _____ Social Sec. # _____
Address _____ City _____ State _____ Zip _____
Phone _____ Occupation _____
Employer _____ Location _____ Business Phone _____
Marital Status _____ Spouse's First Name _____ Spouse's Employer _____

Who referred you to our office? _____

Please explain in detail how your accident happened _____

Have you retained an attorney? Yes No Litigation? Yes No Maybe

If so, name and address _____

Give time and date present injury occurred _____ AM PM _____, 20____

Where did you feel pain immediately after the accident? _____

Did you consult any other doctors? Yes No Did you return to work? Yes No

If so, give doctor's name _____ D.C. M.D. D.O. D.D.S.

Doctor's diagnosis _____

What treatment did you receive? _____

Have you ever injured this area before? Yes No If yes, when? _____

If injured before, did you lose time for work? Yes No

If you lost time from work with injuries prior to this injury, give name of doctor or doctors consulted _____

Do any other diseases or accidents affect your employment? Yes No

If yes, explain _____

In your work do you have to favor any part of your body? Yes No

If yes, explain _____

Do you have a history of absenteeism caused from accidents on the job? Yes No

Have you ever had a Workers 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?

Date: _____ Patient's Signature: _____