

Fletcher Chiropractic Office

440 N. Koeller St., Oshkosh, WI 54902
920-233-2828

WORK/COMP HISTORY

Patient _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

Age _____ Birthdate _____ Sex _____ S/S# _____

Employer's Name: _____ Phone (____) _____

1. Type of Business _____ Your Occupation _____

2. Date Injured _____ Hour _____ AM/PM Last Date Worked _____ Are you off work? Yes No

3. Previous Worker's Compensation Injury? Yes No

4. Accident reported to employer? Yes No Name of person reported accident to _____

5. Injured at: _____ City _____ State _____ Zip _____

6. Length of time worked there prior to accident: _____

7. Type of work being done at the time of injury: _____

8. Specific duties required for your job _____

9. In your own words, please describe accident: _____

10. Have you been treated by another doctor for this accident? Yes No

If yes, please list doctor's name and address: _____

What type of treatment did you receive? _____

How long were you treated by this doctor? _____

11. Are you: Improved Unchanged Getting Worse

12. What types of medication are you taking? _____

Do these medicines help? Yes No Don't know

13. Have you had physical therapy? Yes No If yes, how often?

Daily Every other day Several times a week Weekly Every other week

Monthly Other _____

Does the physical therapy help? Yes No Don't know

14. Have you had any serious illnesses that required hospitalization? Yes No

Describe: _____

15. Have you had any surgeries? Yes No

If yes, list type of surgery and date: _____

Signature _____ Date _____