WORK INJURY QUESTIONNAIRE

1. Full Legal Name_____ 2. Date of Injury/Accident:_____
First Middle Last

3. Preferred Name_____

4. Date of Birth_____ 5. Age_____

6. Home Address_____

7. City_____ 8. State_____ 9. Zip Code_____

10. Telephone (Cell)_____ 11. Telephone (Other)_____

12. Place of Employment_____

13. Employer's Address _____
Street City State

14. Emergency Contact Name_____Relation_____

15. Emergency Contact Phone_____

16. Name of Employer at time of accident_____

17. Job Description_____

18. In your own words please describe the accident_____

_____

19. Have you reported this to your employer? Yes _____ No _____

20. Have you received any other care for this injury? (ER, Doctor, Therapist, etc.) Yes _____ No _____

If Yes, what and where?

_____

21. What types of medicines are you taking for this injury?_____

Do these help? ( ) Yes ( ) No

22. Prior to the accident, have you ever had any of the physical complaints similar to what you have now?

( ) Yes ( ) No ( ) Don't Know

If yes, describe_____

23. What do you hope to get from your visit/treatment? (Select all that apply)

___ Reduce Symptoms ___ Explanation of condition/treatment ___ How to prevent this from occurring again

___ Resume/Increase activity ___ Learn how to take care of this on my own

24. Have you ever had chiropractic care in the past? ( ) Yes ( ) No

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25. Check if you have had:

___ Surgery On what? Date?_____

___ Fractures What? Date?_____

___Car Accidents Date? Injuries?_____

___ Other Injuries_____

___ Hospitalization_____

___ History of Cancer ___ Use of Steroids (Prednisone) ___ Chest Pain

___ Night Sweats ___ High Blood Pressure ___ Stroke

26. Check if you have had any of the following symptoms in the last 30 days:

Pain that is worse at night ___ Fever or Chills ___
Loss of Appetite___ Loss of bowel or bladder control___
Unexplained weight loss___

27. Family History of:

Heart Disease/Attack	( ) Yes	( ) No
Cancer	( ) Yes	( ) No
Diabetes	( ) Yes	( ) No
Arthritis	( ) Yes	( ) No
Back Problems	( ) Yes	( ) No

Other_____

28. Females only. Are you pregnant? ( ) Yes ( ) No

We invite you to discuss any questions you might have with us. The best health services are based on friendly mutually understood relationship.

Signature_____ Date_____

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