

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

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 _____