

1. What was the date of the injury? \_\_\_\_\_

2. What time did the injury occur? \_\_\_\_\_ AM PM

3. What is the name of your employer? \_\_\_\_\_

4. What is the street address of your employer? \_\_\_\_\_

5. Address or location of accident \_\_\_\_\_ County: \_\_\_\_\_

6. What is the name of your attorney? \_\_\_\_\_

7. What is the street address of your attorney? \_\_\_\_\_

8. Please describe how your incident in a few sentences:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Did you report the incident to your supervisor?  YES  NO

10. What is your Supervisor's name? \_\_\_\_\_

11. Did your employer send you to a doctor?  YES  NO

If yes, please provide the doctor's name \_\_\_\_\_

12. Did you go to a doctor on your own?  YES  NO

If yes, please provide the doctor's name \_\_\_\_\_

13. Are there any other problems that affect your employment?  YES  NO

If yes, please explain: \_\_\_\_\_

14. Does your job cause you to favor one side of your body?  YES  NO

15. Before the injury, were you capable of performing equal work with others your age?

YES  NO

16. Have you injured this area before?  YES  NO

If yes, when and how? \_\_\_\_\_

17. Do you have a history of absenteeism caused from accidents on the job?  YES  NO

18. Are your activities restricted as a result of this accident?  YES  NO

19. Since the injury, are your symptoms:  Improving  Getting Worse  Staying the same

20. Were you taken to the Hospital?  YES  NO

21. Were you admitted?  YES  NO

22. Have you consulted any other Doctors?  YES  NO

23. If so, give names and addresses \_\_\_\_\_

24. Date of Last Treatment received for this injury: \_\_\_\_\_

25. By whom: \_\_\_\_\_