

>> Please fill out as detailed as possible! This is very important for your claim!

Your Name: _____

Date of Injury: _____

Employer: _____

Last date you worked: _____

Age: _____

Right-handed Left-handed

What is your height and weight?

Height: _____

Weight: _____

Did you lose or gain weight since the injury?

Did not lose or gain weight

Lost _____ pounds

Gained _____ pounds

Are you married or single?

Married

Single

Did you feel dizzy or disoriented or lose consciousness when you had the injury?

I felt dizzy

I felt disoriented

I lost consciousness

Did you feel pain right away?

Yes I did

No, I didn't feel the pain until later

What kind of pain was it?

aching pain burning pain sore pain

pounding pain sharp pain shooting pain

pinching pain pins and needles pain

dull pain tender pain

Other type of pain: _____

Did any part of your body turn black & blue right after your injury?

No, no body part turned black & blue

No, but it turned black & blue later on

Yes, the following body parts turned black & blue:

neck back

right shoulder left shoulder

right elbow left elbow

right wrist left wrist

right hand left hand

right knee left knee

right ankle left ankle

Other: _____

Was any part of your body swollen?

No, no body part was swollen

Yes, the following body parts were swollen:

neck back

right shoulder left shoulder

right elbow left elbow

right wrist left wrist

right hand left hand

right knee left knee

right ankle left ankle

Other: _____

Did anyone see what happened?

No one witnessed the incident.

There were witnesses to the incident and their names are:

Were you able to get up on your own and did anyone help you?

I was able to get up on my own

I was not able to get up on my own and no one helped me

I was not able to get up on my own and the following person(s) helped me:

Did you report the incident to your supervisor on the same day?

Yes, I did

No, I didn't report the incident on the same day. Instead, I reported it:

the next day 2 days later Other: _____

Were you taken anywhere or referred to a doctor?

Yes, I was taken to a doctor right after the injury

No, I was not taken anywhere but I was referred to a doctor later on. The doctor's name is

The name of the doctor's office is:

Have you had a Qualified Medical Evaluation (QME)?

When: _____

Where: _____

By who? _____

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1. Who was the first doctor you saw after the incident?

Where is this doctor located?

When did you FIRST see this doctor?

When did you LAST see this doctor?

When will you see this doctor next?

Is this doctor a chiropractor or a physical therapist?

- Chiropractor
- Physical Therapist
- Neither

If this doctor is a physical therapist or chiropractor, how many sessions have you completed with them?

- 1 session per week, for _____ week(s).
- 2 sessions per week, for _____ week(s).
- 3 sessions per week, for _____ week(s).

Did this doctor perform surgery on you?

Where/When/Name of surgical procedure (if known):

Did this doctor prescribe any medication(s)?

- No
- Yes (name of medications):

When was the last time you received medicine from this doctor? _____

Did you get injections (Epidural, Trigger point, cortisone, hyalgan, etc.)?

Did you get X-rays or CT Scans? Of which body parts?

Did you get MRIs? Of which body parts?

Did you had an MRI, what was found or diagnosed?

Did this doctor provide you crutches, a cane, or a brace? How long did you use it for?

Did you get nerve testing (EMG)? Which body parts?

Did you have acupuncture and was it helpful? How many sessions have you had?

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Did you get an off-duty, light-duty, or modified-duty slip for work from this doctor? What did it say?

When was the last time you received medicine from this doctor? _____

Did you get injections (Epidural, Trigger point, cortisone, hyalgan, etc.)?

2. Who was the next (2nd) doctor you saw after the incident (skip if you only had one doctor)?

Where is this doctor located?

When did you FIRST see this doctor?

When did you LAST see this doctor?

When will you see this doctor next?

Is this doctor a chiropractor or a physical therapist?

- Chiropractor
- Physical Therapist
- Neither

If this doctor is a physical therapist or chiropractor, how many sessions have you completed with them?

- 1 session per week, for _____ week(s).
- 2 sessions per week, for _____ week(s).
- 3 sessions per week, for _____ week(s).

Did this doctor perform surgery on you?

Where/When/Name of surgical procedure (if known):

Did this doctor prescribe any medication(s)?

- No
- Yes (name of medications):

Did you get X-rays or CT Scans? Of which body parts?

Did you get MRIs? Of which body parts?

If you had an MRI, what was found or diagnosed?

Did this doctor provide you crutches, a cane, or a brace? How long did you use it for?

Did you get nerve testing (EMG)? Which body parts?

Did you have acupuncture and was it helpful? How many sessions have you had?

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Did you get an off-duty, light-duty, or modified-duty slip for work from this doctor?

Did this doctor perform surgery on you?

Where/When/Name of surgical procedure (if known):

3. Who was the next (3rd) doctor you saw after the incident (skip if you only had two doctors)?

Did this doctor prescribe any medication(s)?

- No
- Yes (name of medications):

Where is this doctor located?

When was the last time you received medicine from this doctor? _____

Did you get injections (Epidural, Trigger point, cortisone, hyalgan, etc.)?

When did you FIRST see this doctor?

Did you get X-rays or CT Scans? Of which body parts?

When did you LAST see this doctor?

Did you get MRIs? Of which body parts?

Is this doctor a chiropractor or a physical therapist?

- Chiropractor
- Physical Therapist
- Neither

If you had an MRI, what was found or diagnosed?

If this doctor is a physical therapist or chiropractor, how many sessions have you completed with them?

- 1 session per week, for _____ week(s).
- 2 sessions per week, for _____ week(s).
- 3 sessions per week, for _____ week(s).

Did this doctor provide you crutches, a cane, or a brace? How long did you use it for?

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Did you get nerve testing (EMG)? Which body parts?

Did you have acupuncture and was it helpful? How many sessions have you had?

Did you get an off-duty, light-duty, or modified-duty slip for work from this doctor?

4. Who was the next (4th) doctor you saw after the incident (skip if you only had three doctors)?

Where is this doctor located?

When did you FIRST see this doctor?

When did you LAST see this doctor?

When will you see this doctor next?

Is this doctor a chiropractor or a physical therapist?

- Chiropractor
- Physical Therapist
- Neither

If this doctor is a physical therapist or chiropractor, how many sessions have you completed with them?

- 1 session per week, for _____ week(s).
- 2 sessions per week, for _____ week(s).
- 3 sessions per week, for _____ week(s).

Did this doctor perform surgery on you?

Where/When/Name of surgical procedure (if known):

Did this doctor prescribe any medication(s)?

- No
- Yes (name of medications):

When was the last time you received medicine from this doctor? _____

Did you get injections (Epidural, Trigger point, cortisone, hyalgan, etc.)?

Did you get X-rays or CT Scans? Of which body parts?

Did you get MRIs? Of which body parts?

If you had an MRI, what was found or diagnosed?

Did this doctor provide you crutches, a cane, or a brace? How long did you use it for?

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Did you get nerve testing (EMG)? Which body parts?

Did you have acupuncture and was it helpful? How many sessions have you had?

Did you get an off-duty, light-duty, or modified-duty slip for work from this doctor?

Did this doctor perform surgery on you?

Where/When/Name of surgical procedure (if known):

Did this doctor prescribe any medication(s)?

- No
- Yes (name of medications):

When was the last time you received medicine from this doctor? _____

Did you get injections (Epidural, Trigger point, cortisone, hyalgan, etc.)?

5. Who was the next (5th) doctor you saw after the incident (skip if you only had four doctors)?

Where is this doctor located?

When did you FIRST see this doctor?

When did you LAST see this doctor?

When will you see this doctor next?

Is this doctor a chiropractor or a physical therapist?

- Chiropractor
- Physical Therapist
- Neither

If this doctor is a physical therapist or chiropractor, how many sessions have you completed with them?

- 1 session per week, for _____ week(s).
- 2 sessions per week, for _____ week(s).
- 3 sessions per week, for _____ week(s).

Did you get X-rays or CT Scans? Of which body parts?

Did you get MRIs? Of which body parts?

If you had an MRI, what was found or diagnosed?

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Did this doctor provide you crutches, a cane, or a brace? How long did you use it for?

Did you get nerve testing (EMG)? Which body parts?

Did you have acupuncture and was it helpful? How many sessions have you had?

Did you get an off-duty, light-duty, or modified-duty slip for work from this doctor?

➤ **NECK PAIN:**

Is the pain in your neck:

- Constant?
- Comes and goes?

Please rate the average pain in your neck on a scale of 0 to 10: ____/10.

Does the pain go down the shoulder?

- Pain radiates down to the shoulder
- Pain radiates down to the elbow
- Pain radiates down to the wrist.
- Pain radiates down to the fingertips.
- Other:

Do you have numbness or tingling in the neck?

- Numbness
- Tingling
- Neither

Have you experienced any of the following symptoms since your injury?

- Headaches
- Blurry vision
- Double vision
- None of the above

What makes the pain better? (Ex: massage, ice pack, hot shower, meds, chiropractor, etc.)

What makes the pain worse? (Ex: Job duties, lifting #lbs, bending, reaching overhead, etc.)

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➤ **RIGHT SHOULDER PAIN:**

Is the pain in your right shoulder:

- Constant?
- Intermittent (comes and goes)?

Please rate the average pain in your right shoulder on a scale of 0 to 10: ____/10.

Does the pain go down your right arm?

- Pain radiates down to the elbow
- Pain radiates down to the wrist.
- Pain radiates down to the fingertips.

Are you able to:

- reach overhead with right shoulder?
- sleep on your right shoulder?
- Neither.

Have you experienced any weakness of your right arm? (Can't lift as much weight or dropping items).

- Yes
- No

What makes the pain better? (Ex: massage, ice pack, hot shower, meds, chiropractor, etc.)

What makes the pain worse? (Ex: Job duties, lifting #lbs, bending, reaching overhead, etc.)

➤ **LEFT SHOULDER PAIN:**

Is the pain in your left shoulder:

- Constant?
- Intermittent (comes and goes)?

Please rate the average pain in your left shoulder on a scale of 0 to 10: ____/10.

Does the pain go down your left arm?

- Pain radiates down to the elbow
- Pain radiates down to the wrist.
- Pain radiates down to the fingertips.

Are you able to:

- reach overhead with your left shoulder?
- sleep on your left shoulder?
- Neither.

Have you experienced any weakness of your left arm? (Can't lift as much weight or dropping items).

- Yes
- No

What makes the pain better? (Ex: massage, ice pack, hot shower, meds, chiropractor, etc.)

What makes the pain worse? (Ex: Job duties, lifting #lbs, bending, reaching overhead, etc.)

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> **RIGHT ELBOW PAIN:**

Is the pain in your right elbow:

- Constant?
- Intermittent (comes and goes)?

Please rate the average pain in your right elbow on a scale of 0 to 10: ___ out of 10.

Does pain go up the arm or down the arm?

The right elbow pain goes up the arm to my:

- biceps
- shoulder

The right elbow pain goes down the arm to my:

- forearm
- palm
- base of thumb
- fingers

Do you have numbness, tingling, or swelling of the elbow?

- Numbness. Where?: _____
- Tingling. Where?: _____
- Swelling. Where?: _____
- None of the above.

Have you lost any movement of the elbow?

- I have noticed loss of extension (can't straighten elbow)
- I have noticed loss of flexion (can't bend elbow)
- No change in elbow movement.

What makes the pain better? (Ex: massage, ice pack, hot shower, meds, chiropractor, etc.)

What makes the pain worse? (Ex: Job duties, lifting #lbs, bending, reaching overhead, etc.)

> **LEFT ELBOW PAIN:**

Is the pain in your left elbow:

- Constant?
- Intermittent (comes and goes)?

Please rate the average pain in your left elbow on a scale of 0 to 10: ___ out of 10.

Does pain go up the arm or down the arm?

The right elbow pain goes up the arm to my:

- biceps
- shoulder

The right elbow pain goes down the arm to my:

- forearm
- palm
- base of thumb
- fingers

Do you have numbness, tingling, or swelling of the elbow?

- Numbness. Where?: _____
- Tingling. Where?: _____
- Swelling. Where?: _____
- None of the above.

Have you lost any movement of the elbow?

- I have noticed loss of extension (can't straighten elbow)
- I have noticed loss of flexion (can't bend elbow)
- No change in elbow movement.

What makes the pain better? (Ex: massage, ice pack, hot shower, meds, chiropractor, etc.)

What makes the pain worse? (Ex: Job duties, lifting #lbs, bending, reaching overhead, etc.)

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➤ **RIGHT WRIST PAIN:**

Is the pain in your right wrist:

- Constant?
- Intermittent (comes and goes)?

Please rate the average pain in your right wrist on a scale of 0 to 10: ___ out of 10.

Do you have numbness, tingling, or swelling of the right wrist ?

- Numbness. Where?: _____
- Tingling. Where?: _____
- Swelling. Where?: _____
- None of the above.

What makes the pain better? (Ex: massage, ice pack, hot shower, meds, chiropractor, etc.)

What makes the pain worse? (Ex: Job duties, lifting #lbs, bending, reaching overhead, etc.)

➤ **LEFT WRIST PAIN:**

Is the pain in your left wrist:

- Constant?
- Intermittent (comes and goes)?

Please rate the average pain in your left wrist on a scale of 0 to 10: ___ out of 10.

Do you have numbness, tingling, or swelling of the left wrist?

- Numbness. Where?: _____
- Tingling. Where?: _____
- Swelling. Where?: _____
- None of the above.

What makes the pain better? (Ex: massage, ice pack, hot shower, meds, chiropractor, etc.)

What makes the pain worse? (Ex: Job duties, lifting #lbs, bending, reaching overhead, etc.)

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➤ **RIGHT HAND PAIN:**

Is the pain in your right hand:

- Constant?
- Intermittent (comes and goes)?

Please rate the average pain in your right hand on a scale of 0 to 10: ___ out of 10.

Where is the pain in your hand?

- Palm
- Base of thumb
- Fingers
- Top of hand

Do you have numbness, tingling, or swelling of the right hand?

- Numbness. Where?: _____
- Tingling. Where?: _____
- Swelling. Where?: _____
- None of the above.

Do you have weakness of your right arm? Do you drop things out of your hand?

- I have noticed weakness of my right arm.
- I have been dropping things out of my right hand.
- Neither of the above.

What makes the pain better? (Ex: massage, ice pack, hot shower, meds, chiropractor, etc.)

What makes the pain worse? (Ex: Job duties, lifting #lbs, bending, reaching overhead, etc.)

➤ **LEFT HAND PAIN:**

Is the pain in your left hand:

- Constant?
- Intermittent (comes and goes)?

Please rate the average pain in your left hand on a scale of 0 to 10: ___ out of 10.

Where is the pain in your hand?

- Palm
- Base of thumb
- Fingers
- Top of hand

Do you have numbness, tingling, or swelling of the left hand?

- Numbness. Where?: _____
- Tingling. Where?: _____
- Swelling. Where?: _____
- None of the above.

Do you have weakness or your left arm? Do you drop things out of your hand?

- I have noticed weakness of my right arm.
- I have been dropping things out of my right hand.
- Neither of the above.

What makes the pain better? (Ex: massage, ice pack, hot shower, meds, chiropractor, etc.)

What makes the pain worse? (Ex: Job duties, lifting #lbs, bending, reaching overhead, etc.)

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➤ **RIGHT KNEE PAIN:**

Is the pain in your right knee:

- Constant?
- Intermittent (comes and goes)?

Please rate the average pain in your right knee on a scale of 0 to 10: ___ out of 10.

Does the pain go up or down your leg?

- Pain radiates up to the right thigh.
- Pain radiates up to the right hip.
- Pain radiates down to the right ankle.
- Pain radiates down to sole of right foot.
- Pain radiates down to toes of right foot.
- Pain does not radiate up or down right leg.

Do you use any of the following to assist with walking/weight-bearing?

- Knee brace
- Knee splint
- Cane
- Crutches
- Other: _____

Do you have any of the following symptoms?

- Clicking or popping in knee when walking.
- Buckling or instability/weakness of right knee.
- Catching or locking of right knee.
- Swelling of right knee.
- Changes in weather are bothersome to right knee.
- None of the above.

Are you able to perform these actions? Is it painful to do so?

- Kneeling. Painful?
- Squatting. Painful?
- Walking on un-even ground. Painful?
- Walking uphill or upstairs. Painful?

What makes the pain better? (Ex: massage, ice pack, hot shower, meds, chiropractor, etc.)

What makes the pain worse? (Ex: Job duties, lifting #lbs, bending, reaching overhead, etc.)

➤ **LEFT KNEE PAIN:**

Is the pain in your left knee:

- Constant?
- Intermittent (comes and goes)?

Please rate the average pain in your left knee on a scale of 0 to 10: ___ out of 10.

Does the pain go up or down your leg?

- Pain radiates up to the left thigh.
- Pain radiates up to the left hip.
- Pain radiates down to the left ankle.
- Pain radiates down to sole of left foot.
- Pain radiates down to toes of left foot.
- Pain does not radiate up or down left leg.

Do you use any of the following to assist with walking/weight-bearing?

- Knee brace
- Knee splint
- Cane
- Crutches
- Other: _____

Do you have any of the following symptoms?

- Clicking or popping in knee when walking.
- Buckling or instability/weakness of left knee.
- Catching or locking of left knee.
- Swelling of left knee.
- Changes in weather are bothersome to left knee.
- None of the above.

Are you able to perform these actions? Is it painful to do so?

- Kneeling. Painful?
- Squatting. Painful?
- Walking on un-even ground. Painful?
- Walking uphill or upstairs. Painful?

What makes the pain better? (Ex: massage, ice pack, hot shower, meds, chiropractor, etc.)

What makes the pain worse? (Ex: Job duties, lifting #lbs, bending, reaching overhead, etc.)

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➤ **RIGHT ANKLE PAIN:**

Is the pain in your right ankle:

- Constant?
- Intermittent (comes and goes)?

Please rate the average pain in your right ankle on a scale of 0 to 10: ___ out of 10.

Do you use any of the following to assist with walking/weight-bearing?

- Ankle brace
- Cane
- Crutches
- Other: _____

Do you have any of the following symptoms?

- Clicking or popping in ankle when walking.
- Buckling or instability/weakness of right ankle.
- Catching or locking of right ankle.
- Swelling of right ankle.
- Unable to pivot on right ankle.
- Falling down.
- Numbness of right ankle.
- Tingling of right ankle.
- None of the above.

What makes the pain better? (Ex: massage, ice pack, hot shower, meds, chiropractor, etc.)

What makes the pain worse? (Ex: Job duties, lifting #lbs, bending, reaching overhead, etc.)

➤ **LEFT ANKLE PAIN:**

Is the pain in your left ankle:

- Constant?
- Intermittent (comes and goes)?

Please rate the average pain in your left ankle on a scale of 0 to 10: ___ out of 10.

Do you use any of the following to assist with walking/weight-bearing?

- Ankle brace
- Cane
- Crutches
- Other: _____

Do you have any of the following symptoms?

- Clicking or popping in ankle when walking.
- Buckling or instability/weakness of left ankle.
- Catching or locking of left ankle.
- Swelling of left ankle.
- Unable to pivot on left ankle.
- Falling down.
- Numbness of left ankle.
- Tingling of left ankle.
- None of the above.

What makes the pain better? (Ex: massage, ice pack, hot shower, meds, chiropractor, etc.)

What makes the pain worse? (Ex: Job duties, lifting #lbs, bending, reaching overhead, etc.)

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➤ **BACK PAIN:**

Is the pain in your left ankle:

- Constant?
- Intermittent (comes and goes)?

Please rate the average pain in your left ankle on a scale of 0 to 10: ___ out of 10.

Does the pain go down your leg(s)?

- Pain radiates from back down to hip. Right, Left.
- Pain radiates down to thigh. Right, Left
- Pain radiates down to ankle. Right, Left
- Pain radiates down to sole of foot. Right, Left
- Pain radiates down to toes. Right, Left

Do you use any of the following to assist with walking/weight-bearing?

- Back brace
- Cane
- Crutches
- Other: _____

Are you able to perform these actions? Is it painful to do so?

- Bending the back. Painful?
- Squatting. Painful?

Have you/are you experiencing these symptoms?

- Numbness in back
- Tingling in back
- Cramping in back
- Back spasms
- Waking up at night due to back pain
- Back pain while coughing, use restroom, or straining.
- Numbness of anal area when wiping.
- Urine incontinence
- Bowel incontinence

What makes the pain better? (Ex: massage, ice pack, hot shower, meds, chiropractor, etc.)

What makes the pain worse? (Ex: Job duties, lifting #lbs, bending, reaching overhead, etc.)

➤ **ASSOCIATED SYMPTOMS:**

Have you experienced any of the following since your injury?

- Depression
- Loss of concentration
- Sexual dysfunction
- None of the above

Have you experienced the following gastrointestinal symptoms since your injury?

- upset stomach
- gastritis
- heartburn
- None of the above

Have you experienced the following sleep symptoms?

- Trouble falling asleep
- Waking up at night due to pain
- Find it necessary to take naps during day to get enough sleep.

➤ **DAILY ACTIVITIES**

Is there anyone at home to help with chores?

- No.
- Yes, my (friend, sister, father, etc.): _____

Do you have any small children that you need to lift or pick up frequently?

- No.
- Yes, age(s): _____

Do you do any gardening?

- No
- Yes, for _____ minutes at a time.

Do you make your bed?

- No, I never make the bed or someone else does it.
- No, I stopped making the bed since my injury
- Yes, I frequently make the bed.

Do you do any sweeping/mopping?

- No, I never do sweeping/mopping.
- No, I stopped sweeping/mopping since my injury.
- Yes, I frequently sweep or mop.

Do you do any vacuuming?

- No, I never do the vacuuming.
- No, I stopped vacuuming since my injury.
- Yes, I frequently do the vacuuming.

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Do you wash the car?

- No, I never wash the car.
- No, I stopped washing the car since my injury.
- Yes, I was the car as needed.

Do you clean the bathroom?

- No, I never clean the bathroom.
- No, I stopped cleaning the bathroom since my injury.
- Yes, I frequently clean the bathroom.

Do you do the laundry?

- No, I never do the laundry.
- No, I stopped doing the laundry since my injury.
- Yes, I frequently do the laundry.

Do you wash the dishes? For how long?

- No, I never wash the dishes.
- No I stopped washing the dishes since my injury.
- Yes, I wash the dishes for _____ minutes at a time.

Do you cook? For how long?

- No, I never cook.
- No, I stopped cooking since my injury.
- Yes, I cook for _____ minutes at a time.

When you go shopping, do you do the following?

- I always push or pull the cart when shopping.
- I have stopped pushing/pulling the cart since my injury.
- I never push or pull the cart
- I also load the car from the cart.
- I have stopped loading the car from the cart since my injury.
- I never load the car from the cart.

How long can you sit, stand, or walk comfortably?

I can sit for _____ minutes comfortably.
I can stand for _____ minutes comfortably.
I can walk for _____ minutes comfortably.

Before the injury, how much weight could you lift with each hand?

Right hand: _____ lbs. Left hand: _____ lbs.

Since the injury, how much weight can you lift with each hand?

Right hand: _____ lbs. Left hand: _____ lbs.
 No change since before the injury.

Do you have difficulty with repetitive motions, such as typing on the computer?

- I have no difficulty with repetitive motions.
- I have some difficulty with repetitive motions.
- I have a lot of difficulty with repetitive motions.
- I am unable to perform repetitive motions.

Do you have difficulty with forceful motions of the arms and hands, such as pushing, pulling, or throwing?

- I have no difficulty with forceful activities.
- I have some difficulty with forceful activities.
- I have a lot of difficulty with forceful activities.
- I am unable to perform forceful activities.

What is the most strenuous level of activity you can perform for 2 minutes?

- The most strenuous level of activity I can perform for 2 minutes is "very heavy."
- The most strenuous level of activity I can perform for 2 minutes is "heavy."
- The most strenuous level of activity I can perform for 2 minutes is "moderate."
- The most strenuous level of activity I can perform for 2 minutes is "light."
- The most strenuous level of activity I can perform for 2 minutes is "very light."
- The most strenuous level of activity I can perform for 2 minutes is "extremely light."

Vehicle

I drive a vehicle with a {stick shift or automatic} transmission (circle one). The longest distance I have driven since my injury is from _____ to _____ . This trip took _____ minutes/hours/days to complete (circle one). I had to stop _____ times strictly due to pain.

Injury Treatment

- I apply ice to injury area.
- I apply heat to injury area.
- I apply both ice and heat to injury area.
- I do not apply ice or heat to injury area.
- I use a TENS (muscle stimulation) machine.
- I do not use a TENS (muscle stimulation) machine.

Exercise

- I use a gym ball to exercise for _____ minutes/day.
 - I do not use a gym ball to exercise.
 - I use exercise bands to exercise _____ minutes/day.
 - I do not exercise bands to exercise.
 - I use a gym or a pool for exercise _____ minutes/day.
 - I do not use a gym or a pool for exercises.
 - I do aerobics or walk for _____ minutes/day
 - I do not do aerobics or walk.
- Other: I use _____ to exercise for _____ minutes/day.

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Change in Residence

I have moved residence _____ times in the last two years.

- I moved on _____ (date) and the packing was done by _____.
- I also moved on _____ (date), and the packing was done by _____.
- I also moved on _____ (date), and the packing was done by _____.
- I also moved on _____ (date), and the packing was done by _____.
- There has been no change in my residence in the last two years.

Which hobbies/sports/activities have you stopped completely because of the injury?

Drug Allergies

What known drug allergies do you have?

Current Medication

What medications are you currently taking?(ex) Vicodin 5mg twice a day, Ibuprofen 200mg as needed.

> PAST MEDICAL HISTORY

I have a history of (check all that apply):

- Hepatitis
- Blood transfusion
- Bone treatment
- Diabetes
- High blood pressure
- Jaundice
- Acupuncture
- Other: _____

Surgical history

Please enter all surgical procedures you have undergone and their dates.

Hospitalization other than for surgery.

Please describe other hospitalizations you have had, their dates, lengths, and the reason for the hospitalization.

Car accidents

Have you had any car accidents you had to get medical treatment for? Please state all dates, treatment lengths, and locations).

OTHER ACCIDENTS - Claim 1

Name of Company: _____

Injury date: _____

Disability %: _____

Body part(s): _____

Is your case closed or open? _____

Future medical: _____

Have you called in sick? Which dates?

What activities are you unable to perform?

How much time have you missed from work due to injury?

>> Please fill out as detailed as possible! This is very important for your claim!

OTHER ACCIDENTS - Claim 2

Name of Company: _____

Injury date: _____

Disability %: _____

Body part(s): _____

Is your case closed or open? _____

Future medical: _____

Have you called in sick? Which dates?

What activities are you unable to perform?

How much time have you missed from work due to injury?

OTHER ACCIDENTS - Claim 3

Name of Company: _____

Injury date: _____

Disability %: _____

Body part(s): _____

Is your case closed or open? _____

Future medical: _____

Have you called in sick? Which dates?

What activities are you unable to perform?

How much time have you missed from work due to injury?

FRACTURE HISTORY

Have you broken any bones? Which ones?

FAMILY PHYSICIAN

Who is your current physician? Please state his/her name, location, and how long he/she has been your physician.

SOCIAL HISTORY

- I consume _____ alcoholic beverages per week.
- I do not consume alcoholic beverages.
- I use illicit drugs.
- I do not using illicit drugs.
- I am a non-smoker.
- I smoke _____ packs per day.

EDUCATION

- I am a high school graduate
- I am not a high school graduate
- I have a GED
- I do not have a GED
- I have a Bachelor's degree
- I have a Graduate degree.

MILITARY HISTORY

- I have never served in the military
- I have served in the military in the _____.

WORK HISTORY - Job 1

The last date I worked was _____.

Name of Company at time of injury: _____

Date of injury: _____ Date of hire: _____

Describe your job title and duties, how much weight lifted if any, and whether or not you were pulling, pushing, bending, or twisting and other daily activities.

Did you have physical handicap when hired? YES NO

If so, what? _____

How many hours per week did you work? _____

Regular paid overtime per week: _____

What is your total commute time per day: _____

How long to get to this consult (#min): _____

Have you worked for this company continuously since hiring? YES NO

Have you missed any work because of this injury? _____

If yes, how long:

Were you given light duty slip? YES NO

If yes when, and by whom?

>> Please fill out as detailed as possible! This is very important for your claim!

What did it say? (Ex. no pushing/pulling/lifting/standing?)

Was it honored? YES NO
How long did you work light duty? _____

Were you taken off work and if so by whom? How long?

What job duties can you not perform because of this injury?
Please mention 5.

Job 2

On the day of this accident, did you have a 2nd job? _____

If so, who was your employer? _____

Hours per week at second job: _____
Describe your title & duties including any daily work activities (bending, lifting, etc).

Are you working now? YES NO
Full Time or Part Time? _____
If so, who is your employer?

Hrs. per week: _____
Describe your job title & duties including any daily work activities (bending, lifting, etc).

When was the last day you worked at this job? Why are you no longer working?

Do you have a new employer? YES NO
Name of Company at time of injury: _____
Date of hire: _____

Describe your title & duties including any daily work activities (bending, pushing, twisting lifting # weight, etc).

Did you have any physical handicap when hired? If so, what?

How many hours per week did you work? _____
Regular paid overtime per week: _____
What is your total commute time per day: _____
How long to get to this consult (#min): _____
Have you worked for this company continuously since hiring? YES NO

Have you missed any work because of this injury and if yes, for how long: _____

Are you getting/have you received money from any organization and if so, for how long? (Ex. worker's compensation, EDD, Social Security Disability)

Can you still perform the old job you had before the accident?

