



dedicated to your recovery...  
soaring to results

### Worker's Compensation Questionnaire

Name \_\_\_\_\_

Sex \_\_\_\_\_ Marital Status \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ Who referred you to us? \_\_\_\_\_

E-Mail \_\_\_\_\_

Emergency Contact (Name, Phone # and relationship) \_\_\_\_\_

\_\_\_\_\_

Occupation \_\_\_\_\_ Employer Name \_\_\_\_\_

Employers Address \_\_\_\_\_

Date of Accident \_\_\_\_\_ Town where it occurred \_\_\_\_\_ Time \_\_\_\_\_

Please explain in detail how your accident happened \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Workers' Compensation Insurance Co. \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Claim # \_\_\_\_\_

Adjusters Name \_\_\_\_\_ Phone # \_\_\_\_\_ Ext. \_\_\_\_\_

Do you have an ATTORNEY? \_\_\_ Yes \_\_\_ No Litigation? \_\_\_ Yes \_\_\_ No \_\_\_ Maybe

If yes to above please give name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Did you return to work? \_\_\_ Yes \_\_\_ No If so date returned to work \_\_\_\_\_



Did you consult any other doctor?  Yes  No

If so doctors name \_\_\_\_\_ D.C. \_\_\_ M.D. \_\_\_ D.O. \_\_\_ D.D.S. \_\_\_

Doctor's diagnosis \_\_\_\_\_

What treatments did you receive? \_\_\_\_\_

Have you injured this area before?  Yes  No If so when? \_\_\_\_\_

If injured before did you lose time from work?  Yes  No

If you lost time from work with injuries prior to this injury, please give name(s) of doctors consulted:

\_\_\_\_\_

Do any other diseases or accidents affect your employment?  Yes  No

If so please explain \_\_\_\_\_

\_\_\_\_\_

In your work do you favor any part of your body?  Yes  No

If so please explain \_\_\_\_\_

\_\_\_\_\_

Have you ever had a Workmen's Compensation claim before?  Yes  No

Before the injury were you capable of working on an equal basis with others your age?  Yes  No

Are your work activities restricted as a result of this accident?  Yes  No

Since this injury are your symptoms  Improving  Getting Worse  The Same