



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



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NOTICE TO PATIENTS UNDER WORKERS COMPENSATION

**SOARING EAGLE PHYSICAL THERAPY'S POLICY FOR TREATING
PATIENTS UNDER WORKMEN'S COMPENSATION IS AS FOLLOWS:**

A variance must be on file in our office for you to be evaluated and treated for your 1st 12 sessions of care.

Before your 12th physical therapy session, patients must return to his/her doctor for a re-evaluation and have an additional granted variance issued for continued physical therapy care.

If Soaring Eagle Physical Therapy does not have a second approved variance on file, we will not be able to treat you. It is your physician's office responsibility to write up a variance and get it to your Workmen's Compensation Adjuster for approval. We will gladly provide you with the name and phone number of your adjuster so you can reach out to them directly to expedite the process of getting the approved variance to us. We have noticed that when a patient makes the effort to contact their adjuster, the variance process gets expedited.

Your physical therapy care will then continue once we have the new approved variance on file.

We look forward to providing you exceptional care and improving your quality of life.

AGREED and ACCEPTED

Dated: _____

By: _____

Patient