

Name _____ Date _____

Address _____ Phone _____

Did you get hurt while working? Yes No Any witnesses? Yes No _____

Date of injury _____ Time of injury _____ Last date worked _____

Have you completed a **First Report of Injury**? Yes No If yes, when _____

Describe what happened _____

List your symptoms _____

When did your symptoms begin? Right away Later that day The next day Other

If you've been evaluated or treated for this yet, list all _____

Relative to where you were before this injury, how much have you improved thus far percentage wise _____%

Were there any hazards that contributed to this? (slippery floor, dark, etc) Yes No If YES, explain below

Did you have any physical complaints right before this accident? Yes No If YES, explain below

Did you have pre-existing problems in the same areas as your complaints? Yes No If YES, explain below

Have you ever received treatment for pre-existing problems to these areas? Yes No

If "Yes", explain in detail below and note how they are different, if at all, from your current complaints

When was the last treatment? _____ Were you fully recovered? Yes No

Past surgical history _____

Comments _____