

# WORKERS COMPENSATION QUESTIONNAIRE



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Please answer all questions completely

Dear Patient: This information is considered confidential. We need this information because we care enough to want to know, and your answers will help us determine if chiropractic can help you. If we do not sincerely believe your condition will respond satisfactorily, we will not accept your case. In order for us to understand your condition properly, please be as neat and accurate as possible while completing this form. Thank you.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Phone #: \_\_\_\_\_

Occupation: \_\_\_\_\_ Who referred you to our office? \_\_\_\_\_

Company Name: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

Company's Address: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you retained an attorney?  Yes  No Litigation?  Yes  No  Maybe

If so, name and address: \_\_\_\_\_

Give date and time present injury occurred: \_\_\_\_\_  AM  PM \_\_\_\_\_ 20\_\_\_\_\_

Where did you feel pain immediately after the accident? \_\_\_\_\_

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

Did you consult any other doctor?  Yes  No If so, give doctor's name: \_\_\_\_\_  D.C.,  M.D., D.O., or D.D.S.

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

What treatment did you received? \_\_\_\_\_

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

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

If you lose from work with injuries prior to this injury, give name of doctor or doctors consulted: \_\_\_\_\_

Do any other diseases or accidents affect your employment?  Yes  No If so, explain: \_\_\_\_\_

In your work, do you have to favor any part of your body?  Yes  No If so, explain: \_\_\_\_\_

\_\_\_\_\_

Do you have a history of absenteeism caused from accidents on the job?  Yes  No

Have you ever had a Workers 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?