WORKERS' COMPENSATION HISTORY

Name	Age I	Date of Birth/_	/	Female ف Male ف
Address	City		State	Zip
SS#	Driver's Lice	nse #		
Employer's Name		Telephone_		
Address	City		State	Zip
Carrier's Name		Telephone		
Address	City		State	Zip
Have you retained legal counsel for this injury?	No If yes, ڦ Yes ڦ	give name and addre	ess:	
INJURY DESCRIPTION				
Date present injury was received:	Time of injur	AM ف AM	PM ث	الله Yes که No
Who saw the accident?		Title		
Who reported the accident?		Title_		
What medical attention was rendered:				
By whom: أن Nurse M.D. أن D.O. أن D.O.	. Other employee	Other		
Chief Complaint				
How did the injury occur:			36	
		Mark	()- X	
an x on the picture where you continue to have pa	in, numbness or tingling	·		
Throbbing التات المالية كالمالية كالما	Other فSwelling	-		
How often do you have this pain?)'(
Since the injury, are your symptoms improving	Get ف The Same	ting Worse	0,	
PRESENT WORK HISTORY				
What is the job classification of your normal job?				
Were you performing your normal job at the time				ft were you working?
How long have you been at your present job?		Has there beer	n any time	e loss or absenteeism
Average work week Hour				
PREVIOUS WORK HISTORY		·		
Give job description for each job for the preceding	g 5 years.			
1	3			
2				
Have you ever applied for workers' compensation				
Was there a time loss from work? ن Yes ک No		to	Y(ear

Type of floor: 'a' Rough 'a' Smooth 'a' Wood 'a' Concrete 'a' Steel 'a' Other	Degree recovered now?	_
Type of fullding Type of floor: i Rough is Smooth is Wood is Concrete is Steel is Other Type of floor: i Rough is Smooth is Wood is Concrete is Steel is Other Type of windows: is Open is Closed is No windows Type of ventilation: is Blower is A/C is Heat is Exhaust is None is Other Type of lighting: is Fluorescent is Overhead is On machine is Other Are you tired when you go home at night? if Yes is No Do you have any outside jobs? if Yes is No Do you have any outside jobs? if Yes is No If yes, what? Do you participate in any company-sponsored programs such as exercise, sports ect.? if Yes is No If yes, describe: If working on a machine, give description Do you use foot or hand levers? if Yes is No Do you have to reach? if Yes is No Do you have to reach? if Yes is No Do you have to reach? if Yes is No Do you pick up or lift? if Yes is No If yes, how much? From where to where? Do you lift from: if Ground is Bench is Platform is Box is Pallet is Other Do you lift from: if Ground is Bench is Platform is Box is Pallet is Other Is your work area cluttered? if Yes is No If yes, with what? Is your work area cluttered? if Yes is No If yes, with what? Is your work area: if Oily is Dirty is Slippery is Other In your job you push or pull? if Yes is No Is the cart in good condition? if Yes is No Total amount of weight being pushed or pulled on a daily basis: OFFICE WORK If your injury occurred from office work only, please fill out the following: is stat desk is walk is stand is stoop is hold is carry is other. If yes, what type? If your work is at a desk, give specifics of job, computer, typewriter, business machines, phone, ect.: If walking, where to and job classification: Do you carry anything or pick anything up? if Yes is No If yes, what?	Legal counsel? ف Yes نف No If yes, name and address?	_ JOB
Type of floor: GRough Smooth Wood Concrete Steel Gother	CONDITION	
Type of windows: diplomer di A/C di Heat di Exhaust di None di Other Type of lighting: di Fluorescent di Overhead di On machine di Other Are you tired when you go home at night? di Yes di No Do you have any outside jobs? di Yes di No If yes, what? Do you participate in any company-sponsored programs such as exercise, sports ect.? di Yes di No If yes, describe: If working on a machine, give description Do you use foot or hand levers? di Yes di No Do you work overhead? di Yes di No Do you have to reach? di Yes di No Do you work overhead? di Yes di No Do you have to reach? di Yes di No If yes, how much? From where to where? Do you lift from: di Ground di Bench di Platform di Box di Pallet di Other Do you lift from: di Ground di Bench di Platform di Box di Pallet di Other Do you lift in or out of a machine? di Yes di No If yes, with what? Is your work area cluttered? di Yes di No If yes, with what? Is your work area: di Oily di Dirty di Slippery di Other In your job you push or pull? di Yes di No Is the cart in good condition? di Yes di No Total amount of weight being pushed or pulled on a daily basis: OFFICE WORK If yes, what (ype? If yes, what (ype? If yes, what (ype? If your mjury occurred from office work only, please fill out the following: dist at desk di walk di stand di stoop di hold di carry di other Do you operate office machinery? di Yes di No If yes, what (ype? If your work is at a desk, give specifics of job, computer, typewriter, business machines, phone, ect.: Do you carry anything or pick anything up? di Yes di No If yes, what? Do you carry anything or pick anything up? di Yes di No If yes, what? Do you carry anything or pick anything up? di Yes di No If yes, what?	Type of building	
Type of ventilation: d'Blower d'A/C d'Heat d'Exhaust d'None d'Other Type of lighting: d'Fluorescent d'Overhead d'On machine d'Other Are you tired when you go home at night? d'Yes d'No ff yes, what? Do you have any outside jobs? d'Yes d'No ff yes, what? Do you participate in any company-sponsored programs such as exercise, sports ect.? d'Yes d'No If yes, describe: If working on a machine, give description Do you use foot or hand levers? d'Yes d'No Do you work overhead? d'Yes d'No Do you have to reach? d'Yes d'No Where? Movements on the job: do you move to your d'Right d'Left d'Up d'Down d'Under d'Over Do you pick up or lift? d'Yes d'No If yes, how much? From where to where? Do you lift from: d'Ground d'Bench d'Platform d'Box d'Pallet d'Other Do you lift in or out of a machine? d'Yes d'No If working on a machine do you: d'Sit d'Stand d'Kneel Is your work area cluttered? d'Yes d'No If yes, with what? Is your work area: d'Olly d'Dirty d'Slippery d'Other In your job you push or pull? d'Yes d'No If yes, give specifies Do you use a cart? d'Yes d'No Is the cart in good condition? d'Yes d'No Total amount of weight being pushed or pulled on a daily basis: OFFICE WORK If your injury occurred from office work only, please fill out the following: dist at desk d'walk d'stand d'stoop d'hold d'carry d'other Give percentage if applicable Do you operate office machinery? d'Yes d'No If yes, what type? If your work is at a desk, give specifics of job, computer, typewriter, business machines, phone, ect.: If walking, where to and job classification: Do you carry anything or pick anything up? d'Yes d'No If yes, what? Do you carry anything or pick anything up? d'Yes d'No If yes, what?	Type of floor: هُ Smooth كُ Soncrete كَ Steel صُ Other كالم Other	
Type of lighting: if Fluorescent if Overhead if On machine if Other	Type of windows: ف Open ک Closed الله No windows	
Are you tired when you go home at night? I'Yes I'No Do you have any outside jobs? I'Yes I'No If yes, what? Do you participate in any company-sponsored programs such as exercise, sports ect.? I'Yes I'No If yes, describe: If working on a machine, give description Do you use foot or hand levers? I'Yes I'No Do you work overhead? I'Yes I'No Do you have to reach? I'Yes I'No Do you have to reach? I'Yes I'No Movements on the job: do you move to your I'Right I'Left I'Up I'Down I'Under I'Over Do you pick up or lift? I'Yes I'No If yes, how much? From where to where? Do you lift from: I'Ground I'Bench I'Platform I'Box I'Pallet I'Other Do you lift in or out of a machine? I'Yes I'No If yes, with what? Is your work area cluttered? I'Yes I'No If yes, with what? Is your work area: I'Olly I'Dirty I'Slippery I'Other In your job you push or pull? I'Yes I'No If yes, give specifics Do you use a cart? I'Yes I'No Is the cart in good condition? I'Yes I'No Total amount of weight being pushed or pulled on a daily basis: OFFICE WORK If your injury occurred from office work only, please fill out the following: If yes, what type? If your work is at a desk, give specifics of job, computer, typewriter, business machines, phone, ect.: If walking, where to and job classification: Do you carry anything or pick anything up? I'Yes I'No If yes, what? If yes, what?	Type of ventilation: ف Blower ف A/C الله Exhaust الله None ف Other	
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Do you use foot or hand levers? ② Yes ③ No Where?	If yes, describe:	
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Do you pick up or lift? ②Yes ③No If yes, how much? how often? Prom where to where? Do you lift from: ③Ground ③Bench ④Platform ⑤Box ⑤Pallet ⑥Other Do you lift in or out of a machine? ⑥Yes ⑥No If working on a machine do you: ⑥Sit ⑥Stand ⑥Kneel Is your work area cluttered? ⑥Yes ⑥No If yes, with what? Is your work area: ⑥Oily ⑥Dirty ⑥Slippery ⑥Other In your job you push or pull? ⑥Yes ⑥No If yes, give specifics Do you use a cart? ⑥Yes ⑥No Is the cart in good condition? ⑥Yes ⑥No Total amount of weight being pushed or pulled on a daily basis: OFFICE WORK If your injury occurred from office work only, please fill out the following: ⑥\$\times\$ ist at desk ⑥\$\times\$ walk ⑥\$\times\$ stand ⑥\$\times\$ stoop ⑥\$\times\$ hold ⑥\$\times\$ carry ⑥\$\times\$ other Do you operate office machinery? ⑥\$\times\$ No If yes, what type? If your work is at a desk, give specifics of job, computer, typewriter, business machines, phone, ect. : Do you carry anything or pick anything up? ⑥\$\times\$ Yes ⑥\$No If yes, what? Do you carry anything or pick anything up? ⑥\$\times\$ Yes ⑥\$No If yes, what? Do you carry anything or pick anything up? ⑥\$\times\$ Yes ⑥\$\times\$ No If yes, what?	Do you have to reach? ن Yes الله No Where?	
From where to where?	Movements on the job: do you move to your الله Right الله Left الله Down الله Under الله Over	
From where to where?		
Do you lift from: Ground Bench Platform Box Pallet Other		
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Is your work area: a Oily b Dirty Slippery Other	Do you lift in or out of a machine? عن Yes No If working on a machine do you: عن Stand Kneel	
Is your work area: a Oily b Dirty Slippery Other	Is your work area cluttered? ف Yes الله No If yes, with what?	
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Do you use a cart?		
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If your work is at a desk, give specifics of job, computer, typewriter, business machines, phone, ect. :		
If walking, where to and job classification:		
Do you carry anything or pick anything up? ن Yes No If yes, what?	J	
Do you carry anything or pick anything up? ن Yes No If yes, what?	If walking, where to and job classification:	
Patient Signature Date Office Manager Date		
	Patient Signature Date Office Manager	————