Patient Intake & History (WC)

Employer Name: _____ **Phone#** _____

Occupation: _____ **Date of Injury:** _____

QUESTIONNAIRE

1. When did you start working for your employer? _____

2. Which of the following activities were required by your job duties?

☐ Sit ☐ stand ☐ walk ☐ bend ☐ push ☐ pull ☐ reach ☐ work above shoulder level,

☐ Constant usage of the upper extremities / lower extremities ☐ kneel ☐ climb ☐ lift

☐ The maximum amount lifted was up to _____pounds.

3-Are you currently employed by the company that you were injured at? ☐Yes / ☐No

4-Are you currently working. ☐Yes / ☐No

If yes, are you working for the same company? ☐Yes / ☐No

If No, what is the name of your current employer and what are your job duties: _____

_____

_____

5- If you are currently not working, when was the last day that you worked? _____

6-If you are currently not working, are you on disability? ☐ Yes / ☐ No

If yes, are you receiving benefits? ☐ Yes / ☐ No

If yes, is your benefits are being paid by:

☐ EDD (State Disability)

☐ Workers compensation insurance carrier

7-Please describe in detail when and how the injury happened.

_____

_____

_____

_____

_____

8. -Who did you report the injury to after it happened?

☐Employer ☐Supervisor ☐Other_____

9- Did you continue to work your shift after the injury? ☐Yes / ☐No

10- Were you sent to a doctor?

☐Yes / ☐No If yes, were you sent ☐ The same day ☐ The next day ☐ other: _____

11- What doctors did you see?

☐ Chiropractor ☐ Orthopedic ☐ General Practitioner ☐ other:_____

12-What kind of therapy did you receive and for how long?

☐ Physical Therapy # of sessions: _____ ☐ Chiropractic Therapy # of sessions: _____

☐ Acupuncture Therapy # of sessions: _____

13-Did you have any diagnostic studies performed? ☐Yes / ☐ No

If yes, what type of study and what body parts?

☐ X-Rays: _____
☐ MRI: _____
☐ CT Scans: _____
☐ EMG/NCV Test _____
☐ Other: _____

14 –Past or Current Medical Problems:

Do you have any medical illness? ☐Yes / ☐No If yes, explain_____

_____

15-Current Medications:

Are you currently taking any medications?

☐Yes / ☐No If yes, explain:_____

16- Have you had any previous problems with the current injured body parts? ☐Yes / ☐No

If yes, explain: _____

17-Surgeries:

Have you had any surgeries as a result of this injury **<u>ONLY</u>?**

☐Yes / ☐No If yes, explain type of surgery and date: _____

_____

Have you had any surgeries not related to this injury?

_____

18-Hospitalization:

Have you ever been hospitalized for any treatment?

☐Yes / ☐No If yes, explain:_____

19-Automobile Accidents:

Have you had any prior motor vehicle accidents?

☐Yes / ☐No

If yes, explain: _____

20-Industrial Injuries:

Have you had any prior industrial related injuries?

☐Yes / ☐No

If yes, explain: _____

21-Non-Industrial Injuries:

A-Have you had any prior non-industrial injuries?

☐Yes / ☐No

If yes, explain: _____

B-Prior to the above industrial injury, were you in a good physical condition?

☐Yes / ☐No

If no, explain: _____

22-Allergies:

Do you have any known allergies to medications?

☐Yes / ☐No

If yes, explain: _____

23-Alcohol:

Do you drink alcohol?

☐Yes / ☐No

If yes, how often? ☐ Occasionally ☐ Socially ☐ Rarely ☐ Moderately

24-Tobacco:

Do you smoke?

☐Yes / ☐No

If yes, how often? ☐ Occasionally ☐ Socially ☐ Rarely ☐ Moderately

25- Height & Weight:

Height: _____feet _____inches Weight: _____ Lbs.

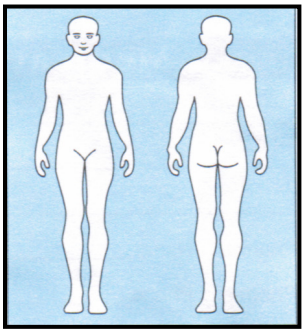
___Right handed ___Left handed

26- Are you Pregnant? ☐Yes / ☐No

If yes, how many months? _____

27- Patient's Complaints As a Result of This Injury <u>ONLY</u>:

□ Headaches □ Neck pain □ Mid-back pain □ Low back pain □ Shoulder pain L / R
□ Elbow pain L / R □ Wrist pain L / R □ Hand pain L / R □ Hip Pain L / R □ Knee pain L / R
□ Ankle pain L / R □ Foot pain L / R □ Chest pain
□ Numbness and Tingling sensation at: _____
□ Radiating pain From_____to_____



Other:_____
_____
_____
_____
_____
_____

Please mark on the picture where you have pain

The above information is true and correct to the best of my knowledge.

_____ _____ _____

Patient's signature **Date** **Interpreter's Name (if applicable)**