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Workers' Compensation Questionnaire for Patients

Please fill out this questionnaire as completely as you can. This will assist in making your orthopaedic consultation as simple and effective as possible.

Name _____ Date _____

Yourself

What is your age? _____
Are you left-handed, or right-handed? L R

Your work

Who was your employer at the time of the injury? _____
What is/was your job title at that company? _____
What are/were your job duties? _____

Are you still working there? _____
If so, how long have you worked there? _____
If not, how long did you work there? _____
When was your last day of work? _____
Have you submitted any previous Workers' Compensation claims? _____
If so, when? _____
For each prior claim, which part or parts of your body were injured? _____

Your injury

On what date were you injured? _____
Which part of your body was injured? _____
Where were you first treated? _____
Have you seen any other specialists? _____
Have you had X-rays, MRIs, or other studies? _____
Has this part of your body had an injury or problem prior to this? _____
If yes, please describe the injury or problem briefly: _____

At the present time

Are you still working? _____
Are you taking medication for the injury or problem? _____
If you have had physical therapy, are you still in physical therapy? _____
Have you had surgery for the injury? _____
Are you getting better, getting worse, or staying the same? _____