



# WORKER'S COMPENSATION AND NO-FAULT

NAME	DATE OF BIRTH
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IF THIS INJURY IS RELATED TO A WORK OR AUTO ACCIDENT, PLEASE COMPLETE THE FOLLOWING QUESTIONS:

WORK RELATED? <input type="radio"/> YES <input type="radio"/> NO	AUTO ACCIDENT RELATED? <input type="radio"/> YES <input type="radio"/> NO	DATE OF INJURY/ACCIDENT
WHICH PART(S) OF YOUR BODY WAS INJURED (INCLUDE SIDE)?		PRIOR TO THIS ACCIDENT, DID YOU HAVE A PROBLEM/PAIN IN THE AFFECTED AREA? <input type="radio"/> YES <input type="radio"/> NO
DID YOU SUSTAIN OTHER INJURIES DUE TO THIS ACCIDENT? <input type="radio"/> YES <input type="radio"/> NO		IF YES, GIVE DETAILS (EX: LEFT HAND LACERATION)
DID YOU HAVE IMMEDIATE PAIN OF THE AFFECTED AREA AT THE TIME OF THE ACCIDENT OR A FEW DAYS LATER? <input type="radio"/> IMMEDIATE <input type="radio"/> DAYS LATER (INDICATE NUMBER):		
WHERE DID INJURY OCCUR? (ADDRESS WITH STATE)		JOB TITLE ON DATE OF INJURY
HOW DID INJURY OCCUR?		
WHAT WERE YOUR USUAL WORK ACTIVITIES ON THE DATE OF THE INJURY/ONSET?		
EMPLOYER'S NAME WHEN INJURY OCCURRED		
EMPLOYER'S ADDRESS AND PHONE# WHEN INJURY OCCURRED		
HAVE YOU BEEN TREATED BY ANOTHER HEALTH CARE PROVIDER FOR THIS INJURY? <input type="radio"/> YES <input type="radio"/> NO		IF YES, GIVE DETAILS
ARE YOU CURRENTLY WORKING? <input type="radio"/> YES <input type="radio"/> NO	IF YES, DUTIES ARE <input type="radio"/> REGULAR <input type="radio"/> MODIFIED	IF MODIFIED, GIVE DETAILS
IF YOU ARE NOT WORKING, WHAT IS THE DATE YOU FIRST MISSED WORK DUE TO THIS INJURY?	IF AUTO ACCIDENT, YOU WERE <input type="radio"/> DRIVER <input type="radio"/> PASSENGER <input type="radio"/> PEDESTRIAN	DID THE AIR BAG DEPLOY? <input type="radio"/> YES <input type="radio"/> NO
WHERE YOU WEARING YOUR SEAT BELT AT THE TIME OF THE ACCIDENT? <input type="radio"/> YES <input type="radio"/> NO	IF AUTO ACCIDENT, DO YOU HAVE A POLICE REPORT? <input type="radio"/> YES <input type="radio"/> NO	
ARE YOU BEING COUNSELED BY A LAWYER FOR THIS INJURY? <input type="radio"/> YES <input type="radio"/> NO	NAME OF ATTORNEY	

SIGNATURE (PERSON COMPLETING FORM)	DATE COMPLETED
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