



Advantage Walk-In Chiropractic
Call or Walk in Today!

Worker's Compensation History

Patient Name _____ Phone () _____
Address _____ City _____ State _____ Zip _____
SSN _____ DOB ____/____/____ Age _____ Date of Injury ____/____/____

Name of Compensation Carrier _____ Phone() _____
Address _____ City _____ State _____ Zip _____
Claim Handler _____ Claim Number _____

Employers Name _____ Phone() _____
Address _____ City _____ State _____ Zip _____
Type of Business _____ Your Occupation _____
Date of Accident ____/____/____ Time of Injury _____ am/pm Last Date Worked ____/____/____ are you off work? y/n
Have you returned to work since the accident? Date returned ____/____/____ Any restrictions? _____
Previous Worker's Compensation Injury? y/n Length of time worked there prior to injury? _____
Accident Reported to Employer? y/n Name of person reported accident to _____ Injured at _____
Type of work being done prior to accident _____

In your own words describe your accident _____

Have you been treated by another physician for this accident? y/n
If yes list Doctor and their address _____
What type of treatment did you receive? _____
How long were you treated by this provider? _____ Are you () improved () unchanged () getting worse
What type of medicines are you taking? _____ Does medicine help? y/n/unknown
Have you had Physical Therapy? y/n If yes how often? _____ Has it helped? y/n/unknown
Prior to accident, have you ever had any of the physical complaints similar to what you have now? y/n/unknown
If yes, describe _____
Were these similar complaints the result of a previous accident? y/n Details of accident _____

Have you had any other serious accidents which required medical care? y/n Describe _____
Have you had any serious illnesses that require hospitalization? y/n Describe _____
Have you had any surgeries? y/n list procedures and dates _____

Current Complaints: () low back pain () mid back pain () neck pain () leg pain () arm pain () other _____

Job Description

(In terms of an 8-hour workday, "occasionally" means 33%, "frequently" means 34% to 66%, and "continuously" means 67% to 100% of the day)

In a typical 8-hour workday, I: (circle number of hours/activity)

Sit:	1	2	3	4	5	6	7	8	hours
Stand:	1	2	3	4	5	6	7	8	hours
Walk:	1	2	3	4	5	6	7	8	hours

On the job, I perform the following activities:

	NOT AT ALL	OCCASIONALLY	FREQUENTLY	CONTINUOUSLY
Bend / stoop	()	()	()	()
Squat	()	()	()	()
Crawl	()	()	()	()
Climb	()	()	()	()
Reach above Shoulder level	()	()	()	()
Crouch	()	()	()	()
Kneel	()	()	()	()
Balancing	()	()	()	()
Pushing/Pulling	()	()	()	()

On the job, I lift:

Up to 10 lbs	()	()	()	()
11 to 24 lbs	()	()	()	()
25 to 34 lbs	()	()	()	()
35 to 60 lbs	()	()	()	()
61 to 74 lbs	()	()	()	()
75 to 100lbs	()	()	()	()

Do you have to bend over while lifting? y/n

Are your feet used for repetitive movements, such as in operating foot controls? y/n

Do you use your hands for repetitive actions such as :

Left hand;	simple grasping y/n	firm grasping y/n	fine manipulating y/n
Right hand;	simple grasping y/n	firm grasping y/n	fine manipulating y/n

Are you required to work on unprotected heights? y/n describe _____

Are you required to be around moving machinery? y/n describe _____

Are you exposed to marked changes in temperature and humidity? y/n describe _____

Are you required to drive automotive equipment? y/n describe _____

Are you exposed to dust, fumes and/or gases? y/n describe _____

Please list any additional comments _____

Signature _____ date _____