

Worker's Compensation Form

Patient Name: _____ Today's Date: _____

Patient Address: _____

Patient Phone Number: (____) _____ Cell: (____) _____

Patient Date of Birth _____ Occupation: _____

____ Male ____ Female SSN: ____ - ____ - ____

Name of Employer: _____

Contact Person: _____

Address: _____ Phone Number: (____) _____

Last date worked: ____/____/____

Worker's Compensation Insurance Company Information:

Name of Insurance Company: _____

Contact Person: _____

Address: _____ Phone Number: (____) _____

Claim #: _____

Incident Report:

Date the injury occurred: _____ Time the injury Occurred: _____ am/pm

Where did the injury occur? _____

Address: _____ Phone Number: (____) _____

Describe how the accident happened:

Was there a witness? ____ Yes ____ No If yes, who? _____

Was the injury reported to someone? If yes, who? Name: _____

Title: _____ Phone Number: _____

Were you hospitalized? ____ Yes ____ No If yes, please answer the questions below.

When were you hospitalized? ____ Immediately ____ Later Same Day ____ Next Day

____ Later Date: _____

How were you transported to the hospital? ☐ Ambulance ☐ Medflight

☐ Private Transportation

What did the hospital recommend? ☐ No Instructions ☐ See This Clinic ☐ See DC ☐ See
own Doctor ☐ See orthopedist ☐ See Neurologist
☐ Prescription Medication ☐ Other: _____

Did you have X-rays taken? ☐ Yes ☐ No

If yes, what area? _____

Did you have an MRI? ☐ Yes ☐ No

Today

Please describe your pain:

Severity: (Mark One)

☐ Minimal – An Annoyance

☐ Slight – Can be tolerated, some impairment

☐ Moderate – Restricts activity

☐ Severe – Precludes activity

Frequency: (Mark One)

☐ Intermittent – 25% of awake time

☐ Occasional – 24-50% of awake time

☐ Frequent – 50-75% of awake time

☐ Constant – 75-100% of awake time

Is the pain: ☐ Getting worse ☐ Staying the same ☐ Getting better

My Current Job Status is: (Please mark the appropriate response below)

☐ Off work as a result of injuries sustained

☐ Working full duty

☐ Working light duty

I ☐ have ☐ have not been involved in previous work related accidents/injuries. (If yes, please complete below)

The accident ☐ was reported to the employer ☐ was not reported to the employer

Status of previous injuries:

☐ treated and resolved

☐ treated, unresolved, and located at an unrelated area to this accident

☐ treated, unresolved, same area as current injury

☐ not treated and a completely different area than current injury

☐ not treated and still have residual symptoms

☐ not treated and do not have any residual symptoms

Have you retained an attorney? ____Yes ____No

If yes,

Name: _____ Phone Number: (____) _____

Address: _____

Oswestry Disability Questionnaire

Score: _____

Name: _____

Date: _____

This questionnaire has been designed to give us information as to how your back or leg pain is affecting your ability to manage everyday life. Please answer by checking one box in each section for the statement which best applies to you. We realize you may consider that two or more statements in any one section apply, but please just check one box that indicates the statement which most clearly describes your problem.

Section 1 – Pain Intensity

- ☐ I have no pain at the moment
- ☐ The pain is very mild at the moment
- ☐ The pain is moderate at the moment
- ☐ The pain is fairly severe at the moment
- ☐ The pain is very severe at the moment
- ☐ The pain is the worst imaginable at the moment

Section 2 – Personal Care

- ☐ I can look after myself normally without causing extra pain
- ☐ I can look after myself normally but it causes extra pain
- ☐ It is painful to look after myself and I am slow and careful
- ☐ I need some help but can manage most of my personal care
- ☐ I need help every day in most aspects of self-care
- ☐ I do not get dressed, wash with difficulty and stay in bed

Section 3 – Lifting

- ☐ I can lift heavy weights without extra pain
- ☐ I can lift heavy weights but it gives me extra pain
- ☐ Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently placed, for example, on a table
- ☐ Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned
- ☐ I can only lift very light weights
- ☐ I cannot lift or carry anything

Section 4 – Walking

- ☐ Pain does not prevent me walking any distance
- ☐ Pain prevents me from walking more than 1 mile
- ☐ Pain prevents me from walking more than .5 miles
- ☐ Pain prevents me from walking more than .25 miles
- ☐ I can only walk using a walker or crutches
- ☐ I am in bed most of the time

Section 5 – Sitting

- ☐ I can sit in any chair as long as I like
- ☐ I can only sit in my favorite chair as long as I like
- ☐ Pain prevents me from sitting more than one hour
- ☐ Pain prevents me from sitting more than 30 minutes
- ☐ Pain prevents me from sitting more than 10 minutes
- ☐ Pain prevents me from sitting at all

Section 6 – Standing

- ☐ I can stand as long as I want without extra pain
- ☐ I can stand as long as I want but it gives me extra pain
- ☐ Pain prevents me from standing for more than 1 hour
- ☐ Pain prevents me from standing for more than 30 minutes
- ☐ Pain prevents me from standing for more than 10 minutes
- ☐ Pain prevents me from standing at all

Section 7 – Sleeping

- ☐ My sleep is never disturbed by pain
- ☐ My sleep is occasionally disturbed by pain
- ☐ Because of pain I have less than 6 hours of sleep
- ☐ Because of pain I have less than 4 hours of sleep
- ☐ Because of pain I have less than 2 hours of sleep
- ☐ Pain prevents me from sleeping at all

Section 8 – Sex Life (If applicable)

- ☐ My sex life is normal and causes no extra pain
- ☐ My sex life is normal but causes some extra pain
- ☐ My sex life is nearly normal but is very painful
- ☐ My sex life is severely restricted by pain
- ☐ My sex life is nearly absent because of pain
- ☐ Pain prevents any sex life at all

Section 9 – Social Life

- ☐ My social life is normal and gives me no extra pain
- ☐ My social life is normal but increases the degree of pain
- ☐ Pain has no significant effect on my social life apart from limiting my more energetic interests, for example, sports.
- ☐ Pain has restricted my social life and I do not go out as often
- ☐ Pain has restricted my social life to my home
- ☐ I have no social life because of pain

Section 10 – Travel

- ☐ I can travel anywhere without pain
- ☐ I can travel anywhere but it gives me extra pain
- ☐ Pain is bad but I manage journeys over 2 hours
- ☐ Pain restricts me to journeys of less than 1 hour
- ☐ Pain restricts me to short, necessary journeys under 30 minutes
- ☐ Pain prevents me from travelling except to receive treatment

The Neck Disability Index

Score _____

Name: _____

Date: _____

This questionnaire has been designed to give the doctor information as to how your neck pain has affected your ability to manage everyday life. Please answer every section and mark in each section only the **ONE** box that applies to you. We realize that you may consider that two of the statements in any one section relate to you, but please just mark the one box that most closely describes your problem.

Section 1 – Pain Intensity

- ☐ I have no pain at the moment
- ☐ The pain is very mild at the moment
- ☐ The pain is moderate at the moment
- ☐ The pain is fairly severe at the moment
- ☐ The pain is very severe at the moment
- ☐ The pain is the worst imaginable at the moment

Section 2 – Personal Care

- ☐ I can look after myself normally, without causing extra pain
- ☐ I can look after myself normally, but it causes extra pain
- ☐ It is painful to look after myself and I am slow and careful
- ☐ I need some help, but manage most of my personal care
- ☐ I need help every day in most aspects of self-care
- ☐ I do not get dressed; I wash with difficulty and stay in bed

Section 3 – Lifting

- ☐ I can lift heavy weights without extra pain
- ☐ I can lift heavy weights, but it gives extra pain
- ☐ Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example, on a table
- ☐ Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned.
- ☐ I can lift very light weights
- ☐ I cannot lift or carry anything at all

Section 4 – Reading

- ☐ I can read as much as I want to, with no pain in my neck
- ☐ I can read as much as I want to, with slight pain in my neck
- ☐ I can read as much as I want to, with moderate pain in my neck
- ☐ I can't read as much as I want because of moderate pain in my neck
- ☐ I can hardly read at all because of severe pain in my neck
- ☐ I cannot read at all

Section 5 – Headaches

- ☐ I have no headaches at all
- ☐ I have slight headaches that come infrequently
- ☐ I have moderate headaches that come infrequently
- ☐ I have moderate headaches that come frequently
- ☐ I have severe headaches that come frequently
- ☐ I have headaches all the time

Section 6 – Concentration

- ☐ I can concentrate fully when I want to with no difficulty
- ☐ I can concentrate fully when I want to with slight difficulty
- ☐ I have a fair degree of difficulty in concentrating when I want to
- ☐ I have a lot of difficulty concentrating when I want to
- ☐ I have a great deal of difficulty concentrating when I want to
- ☐ I cannot concentrate at all

Section 7 – Work

- ☐ I can do as much work as I want to
- ☐ I can do my usual work, but no more
- ☐ I can do most of my usual work, but no more
- ☐ I cannot do my usual work
- ☐ I can hardly do any work at all
- ☐ I can't do any work at all

Section 8 – Driving

- ☐ I can drive my car without any neck pain
- ☐ I can drive my car as long as I want with slight pain in my neck
- ☐ I can drive my car as long as I want with moderate pain in my neck.
- ☐ I can't drive my car as long as I want because of moderate pain in my neck
- ☐ I can hardly drive at all because of severe pain in my neck
- ☐ I can't drive my car at all

Section 9 – Sleeping

- ☐ I have no trouble sleeping
- ☐ My sleep is slightly disturbed (less than 1 hour sleepless)
- ☐ My sleep is mildly disturbed (1-2 hours sleepless)
- ☐ My sleep is moderately disturbed (2-3 hours sleepless)
- ☐ My sleep is greatly disturbed (3-5 hours sleepless)
- ☐ My sleep is completely disturbed (5-8 hours sleepless)

Section 10 – Recreation

- ☐ I am able to engage in all my recreation activities, with no neck pain at all
- ☐ I am able to engage in all my recreation activities with some neck pain
- ☐ I am able to engage in most, but not all, of my usual recreational activities because of pain in my neck
- ☐ I am able to engage in few of my recreation activities because of pain in my neck
- ☐ I can hardly do any recreation activities because of pain in my neck
- ☐ I can't do any recreation activities at all

