WORKER'S COMPENSATION

If your injuries could be due to an injury at work, please fill out these pages.

Worker's Compensation Patient History

Date of Injury: ______________________________ Time ____________________________________

If your injury involved LIFTING, answer the following:

From where were you lifting the object? ☐ ground level ☐ below ground level

☐ a surface 1-2 feet off the ground ☐ a surface 2-3 feet off the ground

☐ a surface 3-5 feet off the ground ☐ a surface above 5 feet off the ground

How many pounds was the object you were lifting?

☐ 1-5 (lbs) ☐ 5-10 lbs ☐ 10-20 lbs ☐ 20-40 lbs

☐ 40-60 lbs ☐ 60-80 lbs ☐ 80-100 lbs ☐ above 100 lbs

What position were you in while lifting the object?

☐ back was in an upright/straight position ☐ was bent over at waist

☐ was twisted to the left side ☐ was twisted to the right side

What type of pain did you feel immediately after the injury? ☐ a gripping pain

☐ a sharp pain ☐ a dull pain ☐ an achy pain ☐ a popping feeling

If your injury involved FALLING, answer the following:

Where at work did you fall?

☐ onto the ground while walking ☐ onto the ground while running

☐ from a surface 1-3 feet off the ground ☐ from a surface 3-6 feet off the ground

☐ from a surface 6-9 feet off the ground ☐ from a surface above 9 feet off the ground

What part of your body did you land on?

☐ Head ☐ Neck ☐ Back ☐ Tailbone

☐ R ☐ L Shoulder ☐ R ☐ L Arm ☐ R ☐ L Hand ☐ R ☐ L Buttock

☐ R ☐ L Hip ☐ R ☐ L Knee ☐ R ☐ L Leg ☐ R ☐ L Foot

What other areas were injures as a result of your fall?

☐ Head ☐ Neck ☐ Back ☐ Tailbone

☐ R ☐ L Shoulder ☐ R ☐ L Arm ☐ R ☐ L Hand ☐ R ☐ L Buttock

☐ R ☐ L Hip ☐ R ☐ L Knee ☐ R ☐ L Leg ☐ R ☐ L Foot

Other work related injuries, (if not caused by LIFTING or FALLING):

- ☐ raised up from bending over
- ☐ twisted at waist
- ☐ suffered a wrist injury from repetitive use
- ☐ suffered a wrist injury from pulling
- ☐ was involved in a motor vehicle accident

Job analysis:

What regular activities do you perform at your job?

- ☐ bending and stooping
- ☐ reaching above shoulders
- ☐ pushing and pulling
- ☐ squatting
- ☐ crawling
- ☐ climbing
- ☐ crouching
- ☐ kneeling
- ☐ maintaining an awkward position

How much do you regularly lift at your job?

- ☐ 1-10 lbs
- ☐ 10-20 lbs
- ☐ 20-40 lbs
- ☐ 40-60 lbs
- ☐ 60-80 lbs
- ☐ 80-100 lbs
- ☐ above 100 lbs

Are you required to regularly bend over while lifting at your job?

☐ Yes ☐ No

Are your hands subject to repetitive movement? Such as:

- ☐ light grasping with the both hands
- ☐ firm grasping with the both hands
- ☐ light grasping with the left hand
- ☐ firm grasping with the left hand
- ☐ light grasping with the right hand
- ☐ firm grasping with the right hand
- ☐ typing
- ☐ using a computer mouse

How many hours are you required to regularly perform each of the following activities at your job?

(Please Circle Once In Each Row)

Sitting	1-2 Hours	2-4 Hours	4-6 Hours	6-8 Hours
Standing	1-2 Hours	2-4 Hours	4-6 Hours	6-8 Hours
Walking	1-2 Hours	2-4 Hours	4-6 Hours	6-8 Hours
Lifting	1-2 Hours	2-4 Hours	4-6 Hours	6-8 Hours

Please check below:

Did you report this injury, in writing, at work?

☐ Yes ☐ No

Have you seen another healthcare provider since the accident?

☐ Yes ☐ No