WRITE LEGIBLY

WORKERS' COMPENSATION PATIENT HISTORY

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Name _____ Date _____ File # _____

30 HISTORY OF OCCURENCE

10 Employer's business name (at time of accident) _____

Employer's phone _____ Employer's address _____

City _____ State _____ Zip _____

Occupation _____ Describe your job: _____

Date of injury: _____ Time of injury: _____ AM PM Last date worked: _____

What were you doing at the time you were injured? How did the accident/injury happen (lifting, bending, walking, carrying, standing, etc.)?

_____

_____

When did pain begin? Where in your body did you first feel it? Was pain intense at first, or did you feel pain that gradually worsened?

PLEASE BE SPECIFIC _____

_____

_____

20 Describe the environmental conditions which may have contributed to your present injury: Darkness, faulty equipment, slilppery floor, limited space. *(Distinguish natural hazards from hazards created by other employees such as housekeepers)*:

_____

_____

40 FIRST DOCTOR/HOSPITAL SEEN

10 Were you hospitalized as a result of this accident? ☐ No

20 If yes, what hospital did you go to? _____

DOCTOR 1: Name _____ Date of first visit: _____

Were you examined? ☐ Yes ☐ No Were X-rays taken? ☐ Yes ☐ No

30 Did you receive treatment? ☐ No

40 If yes, what kind of treatment did you receive? _____

What benefits did you receive from the treatment? _____

50 Date of last treatment: _____

50 SECOND DOCTOR/CLINIC SEEN

10 DOCTOR 2: Name _____ Date of first visit: _____

Were you examined? ☐ Yes ☐ No Were X-rays taken? ☐ Yes ☐ No

20 Did you receive treatment? ☐ No

30 If yes, what kind of treatment did you receive? _____

What benefits did you receive from the treatment? _____

40 Date of last treatment: _____