WORKERS COMPENSATION HISTORY

GENERAL INFORMATION			
PATIENT NAME:			DATE:
ADDRESS:		CITY:	STATE/ZIP CODE:
HOME PHONE NUMBER:		CELL PHONE NUMBER:	
WORK PHONE:		EMERGENCY CONTACT AND PHONE NUMBER:	
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:	AGE:	GENDER:

EMPLOYER INFORMATION		
EMPLOYER NAME:	SUPERVISOR NAME:	
EMPLOYER ADDRESS:	CITY:	STATE/ZIP CODE:
WORK PHONE:	OCCUPATION:	

COMPENSATION CARRIER INFORMATION		
COMPENSATION CARRIER NAME:	COMPENSATION CARRIER PHONE:	
COMPENSATION CARRIER ADDRESS:	CITY	STATE/ZIP
CLAIM NUMBER:		

ACCIDENT/INJURY DETAILS	
DATE OF INJURY:	TIME OF INJURY (A.M. OR P.M.):
EXPLAIN THE DETAILS OF THE ACCIDENT:	
ARE YOU OFF WORK? ❑ YES ❑ NO	IF YES, DATE YOU LEFT WORK:
HAVE YOU RETURNED TO WORK SINCE THE ACCIDENT? ❑ YES ❑ NO	IF YES, DATE YOU RETURNED TO WORK:
HAVE YOU BEEN TREATED BY ANY OTHER DOCTORS FOR THIS CONDITION? ❑ YES ❑ NO	IF YES, LIST THE DOCTOR(S) NAMES & PHONE NUMBERS:
HAVE YOU HAD ANY PREVIOUS WORKERS COMPENSTATION INJURIES? ❑ YES ❑ NO	DATE(S) OF PREVIOUS WORKERS COMPENSATION INJURIES:
PRIOR TO THE ACCIDENT, HAD YOU HAD SIMILAR COMPLAINTS TO THE ONES YOU ARE EXPERINCING NOW? ❑ YES ❑ NO	
IF YES, PLEASE DESCRIBE:	

SIGNATURE	
PATIENT SIGNATURE:	DATE:

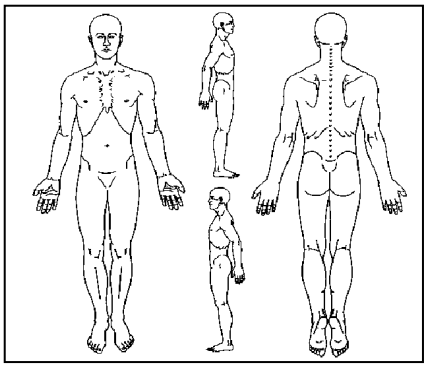
St. Croix Chiropractic
446 S. Knowles Ave.
New Richmond WI 54017

WORKERS COMPENSATION INFORMATION

INSTRUCTIONS: *Check (✓) any/all symptoms noted after the accident.*

- ❑ HEADACHE
- ❑ NECK PAIN
- ❑ NECK STIFFNESS
- ❑ SLEEPING PROBLEMS
- ❑ BACK PAIN
- ❑ NERVOUSNESS
- ❑ TENSION
- ❑ IRRITABILITY
- ❑ CHEST PAIN
- ❑ DIARRHEA
- ❑ CONSTIPATION
- ❑ FEVER
- ❑ DIZZINESS
- ❑ HEAD SEEMS HEAVY
- ❑ PINS & NEEDLES IN ARMS
- ❑ PINS & NEEDLES IN LEGS
- ❑ NUMBNESS IN FINGERS
- ❑ NUMBNESS IN TOES
- ❑ SHORTNESS OF BREATH
- ❑ FATIGUE
- ❑ DEPRESSION
- ❑ FEET FEEL COLD
- ❑ HANDS FEEL COLD
- ❑ LIGHT BOTHERS EYES
- ❑ LOSS OF MEMORY
- ❑ EARS RING
- ❑ FACE FLUSHED
- ❑ BUZZING IN EARS
- ❑ LOSS OF BALANCE
- ❑ FAINTING
- ❑ LOSS OF SMELL
- ❑ LOSS OF TASTE
- ❑ UPSET STOMACH
- ❑ OTHER: _____
- ❑ OTHER: _____

INTRUCTIONS: *Please mark the area and type of pain on the drawings using the codes listed below:*
N=Numbness P=Pain A=Ache T=Tingling S=Stiffness/Soreness



PLEASE PROVIDE ANY OTHER PERTINENT INFORMATION YOU THINK WE SHOULD KNOW:

SIGNATURE

PATIENT SIGNATURE:	DATE: