

WORKMAN'S COMPENSATION QUESTIONNAIRE

1. Did your present condition arise out of employment? (yes)(no)
2. If yes, was your employer notified? (yes)(no)
3. Does your employer know and approve of your being treated here?
(yes)(no)

At The Time Of The Accident...

4. What was the time and date? Time: _____ (AM)(PM) Date: _____ 19____
5. On the back of this page, please describe in your own words how the accident happened.
6. Did you suffer any bodily injury? (yes)(no)
What? (bruises)(cuts)(dislocations)(broken bones)(other _____)
Where? _____
7. Did you notice any immediate pain? (yes)(no)
Where? _____
8. Were you knocked unconscious? (yes)(no)

After The Accident...

9. Were you able to walk without assistance? (yes)(no)
10. Where were you taken? (home)(_____Hospital)(other _____)
11. Were you treated for injuries? (yes)(no)
If yes, what did treatment consist of? _____
12. Did you return to work that day? (yes)(no)
13. How did you feel the rest of that day and night?
(fine)(restless)(painful)(numb)(aching)
14. How did you feel the next day? (better)(worse)(the same)
15. What did you feel the next day?
(relief) Where? _____
(pain) Where? _____
(numbness) Where? _____
(aching) Where? _____