Live Well Adjusted P.A.

7803 Afton Road | Woodbury, MN 55125 | 651-261-5020

WORKERS' COMPENSATION HISTORY

PERSONAL INFORMATION

Patient Full Name

Address

City | State | Zip Code

Cell Phone | Home Phone

Social Security Number | Date of Birth

EMPLOYER ACCIDENT/INJURY INFORMATION

Employer Name | Occupation/Title

Supervisor Name | Supervisor Phone

Date of Injury | Date reported to supervisor

Are you off work ☐ YES ☐ NO | If yes, date you left work: ☐ YES ☐ NO

Have you treated with any other doctor for this injury ☐ YES ☐ NO | If yes, list the doctor(s) names and phone number(s)

Explain the details of the accident/injury

WORKERS' COMPENSATION CARRIER INFORMATION

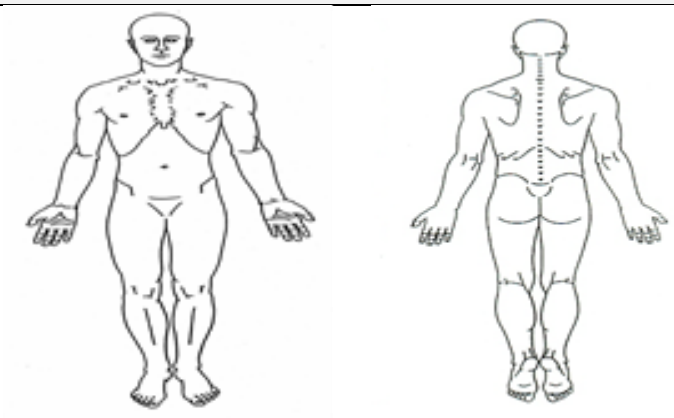
Compensation Carrier Name/Address

Compensation Carrier Phone | Claim Number

SYMPTOMS (Check any/all noted after accident)

☐ headache
☐ sleeping problems
☐ irritability
☐ chest pain
☐ diarrhea or constipation
☐ fever
☐ dizziness
☐ tingling arms/fingers
☐ tingling legs/toes
☐ shortness of breath
☐ fatigue
☐ cold hands or feet
☐ light bothers eyes
☐ loss of memory
☐ ringing in ears
☐ loss of taste or smell
☐ upset stomach
☐ other _____
_____

PAIN (Place a "✓" on all areas of pain/concern)



Patient Signature | Today's Date