

WORK / COMP HISTORY

Patient		Pho	ne () <u></u>
Address	City	Sta	te	Zip
Age Birthdate	Sex	S/S #	terren .	
Name of Compensation Carrier:	(24)	Pho	ne ()
Address of Carrier:	City	Sta	e	Zip
Employer's Name:		Pho	ne ()
Employer's Address:	City	Sta	te	Zip
1. Type of Business				
2. Date Injured Hour AM / PM				
3. Previous Workers' Compensation Injury? ()				
4. Accident reported to employer? () Yes ()	No Name of person rep	oorted accident to	A 61 34	an our log endre 26
5. Injured at:	City	Sta	te	Zip
6. Length of time worked there prior to accident: _				
7. Type of work being done at time of injury:				
8. In your own words, please describe accident: _				
9. Have you been treated by another doctor for the	nis accident? () Yes	() No		
If yes, please list doctor's name and address:				
What type of treatment did you receive?				
How long were you treated by this doctor?				FROM PERIOD V
10. Are you: () improved () unchanged	() getting worse			
11. What types of medicines are you taking?			117.0	transity first gift is
	Thirt I partitud		en cit	u. pargati e-eo l. e
Do these medicines help? ()Yes ()No	() Don't know			
12. Have you had physical therapy? () Yes () No If yes, how ofte	n? .		
() Daily () Every other day () Set () Monthly () Other				er week
Does the physical therapy help? () Yes (
13. Prior to this accident, have you ever had any o		s similar to what you	have no	2W2
()Yes ()No ()Don't know		o similar to what you		
If yes, describe:				
				The second section of
Were these similar complaints the results of a			6-1-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	e the second of
Please provide details of accident(s):		1 15 8 5		
8 8				

Describe:			nedical care?	()Yes () No	
5. Have you had any serious illnesses				es ()No		
Describe:						
						e limit
					ALL DI	
6. Have you had any surgeries? () Y	es ()No					
!f yes, list type of surgery and date: _						
- 1						
- I SATUTINE					*	
7. Have you had any nervous or mental	illnesses?	()Yes	() No			
Have you had psychiatric care? ()Yes ()No	5 YOY				
8. Have you received a medical discha	D 000 D		ces? ()Yes	() No		
9. Have you returned to work since this				, ,		
		2194 15 EII	15VI 0VI	861 () 1		
If you have returned to work since y	our accident,	please fill	out the inform	nation below	v:	. 6 -25
DATE EMPLOYER			OCCUPATION	phiane of rol	LIGHT DUTY REG. DUTY	FULL-TIME PART-TIME
				Tales of		
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						neurouseral.
			ebipas arii o			
			L COMPLA			
ACK PAIN:	CURRENT	MEDICA	L COMPLA	NTS		
ACK PAIN: 1. Currently, I have pain in my:	CURRENT	MEDICA back	L COMPLA	NTS		
ACK PAIN: 1. Currently, I have pain in my: 2. My pain began:	CURRENT () low () gra	MEDICA back dually	L COMPLA () mid back () suddenly	NTS ()uppe		
ACK PAIN: 1. Currently, I have pain in my: 2. My pain began: 3. I have pain:	CURRENT () low () gra () sor	MEDICA back	L COMPLA () mid back () suddenly () all of the	NTS () uppe	er back	
ACK PAIN: 1. Currently, I have pain in my: 2. My pain began: 3. I have pain: 4. My pain goes into my:	CURRENT () low () gra () sor () rigl	MEDICA back dually netimes	L COMPLA () mid back () suddenly	NTS ()uppe	er back	
ACK PAIN: 1. Currently, I have pain in my: 2. My pain began: 3. I have pain: 4. My pain goes into my: 5. I have tingling and/or numbness in n	CURRENT () low () gra () sor () rigl	MEDICA back dually netimes ht leg	() mid back () suddenly () all of the () left leg	() upper time () both	er back	
ACK PAIN: 1. Currently, I have pain in my: 2. My pain began: 3. I have pain: 4. My pain goes into my: 5. I have tingling and/or numbness in m 6. My pain is worse when I: cough or sneeze	CURRENT () low () gra () sor () righ	MEDICA back dually metimes nt leg nt leg	() mid back () suddenly () all of the () left leg () left leg () No	() upper time () both	er back	
ACK PAIN: 1. Currently, I have pain in my: 2. My pain began: 3. I have pain: 4. My pain goes into my: 5. I have tingling and/or numbness in n 6. My pain is worse when I: cough or sneeze sit	CURRENT () low () gra () sor () righ ny: () righ () Yes () Yes	MEDICA back dually metimes at leg ant leg	() mid back () suddenly () all of the () left leg () left leg () No () No	() upper time () both	er back	
ACK PAIN: 1. Currently, I have pain in my: 2. My pain began: 3. I have pain: 4. My pain goes into my: 5. I have tingling and/or numbness in no. 6. My pain is worse when I: cough or sneeze sit bend	CURRENT () low () gra () sor () righ ny: () righ () Yes () Yes () Yes	MEDICA back dually netimes nt leg nt leg	() mid back () suddenly () all of the () left leg () left leg () No () No () No	() upper time () both	er back	
ACK PAIN: 1. Currently, I have pain in my: 2. My pain began: 3. I have pain: 4. My pain goes into my: 5. I have tingling and/or numbness in m 6. My pain is worse when I: cough or sneeze sit bend walk	() low () gra () sor () right	MEDICA back dually metimes nt leg nt leg	() mid back () suddenly () all of the () left leg () left leg () No	() upper time () both	er back	
ACK PAIN: 1. Currently, I have pain in my: 2. My pain began: 3. I have pain: 4. My pain goes into my: 5. I have tingling and/or numbness in n 6. My pain is worse when I: cough or sneeze sit bend	() low () gra () sor () right	MEDICA back dually metimes ht leg ht leg	() mid back () suddenly () all of the () left leg () left leg () No	() upper time () both	er back	
ACK PAIN: 1. Currently, I have pain in my: 2. My pain began: 3. I have pain: 4. My pain goes into my: 5. I have tingling and/or numbness in n 6. My pain is worse when I: cough or sneeze sit bend walk lift	() low () gra () sor () right	MEDICA back dually metimes nt leg nt leg	() mid back () suddenly () all of the () left leg () left leg () No	() upper time () both	er back	
ACK PAIN: 1. Currently, I have pain in my: 2. My pain began: 3. I have pain: 4. My pain goes into my: 5. I have tingling and/or numbness in m 6. My pain is worse when I: cough or sneeze sit bend walk lift push pull	() low () gra () sor () right () Yes ()	MEDICA back dually metimes nt leg nt leg	() mid back () suddenly () all of the () left leg () left leg () No	() upper time () both	er back	
ACK PAIN: 1. Currently, I have pain in my: 2. My pain began: 3. I have pain: 4. My pain goes into my: 5. I have tingling and/or numbness in note. 6. My pain is worse when I: cough or sneeze sit bend walk lift push	() low	MEDICA back dually metimes nt leg nt leg	() mid back () suddenly () all of the () left leg () left leg () No	() upper time () both	er back	

3.	On the job, I lift: NOT AT ALL OCCASIONALLY FREQUENTLY CONTINUOUSLY Up to 10 pounds () () () () 11 to 24 pounds () () () () 25 to 34 pounds () () () () 35 to 50 pounds () () () () 51 to 74 pounds () () () () 75 to 100 pounds () () ()
4.	Do you have to bend over while doing any lifting? () Yes () No
	Are your feet used for repetitive movements, such as in operating foot controls? () Yes () No
	Do you use your hands for repetitive actions, such as:
	SIMPLE GRASPING FIRM GRASPING FINE MANIPULATING Right hand () Yes () No () Yes () No Left hand () Yes () No () Yes () No
7.	Are you required to work on unprotected heights? () Yes () No
	Describe:
	Control of the contro
	and the second section and the sectio
	The state of the s
8.	Are you required to be around moving machinery? () Yes () No
	Describe:
	Court of 10 th Court of the Cou
	OTHER PAIN.
9.	Are you exposed to marked changes in temperature and humidity? () Yes () No Describe:
10.	Are you required to drive automotive equipment? () Yes () No Describe:
11.	Are you exposed to dust, fumes and/or gases? () Yes () No Describe:
	TARREST TO STATE OF S
12.	Please list any additional comments:
	encod & 1 & 2 & 5 1 Ibnite -
	proper 8 1 8 2 8 E 8 1 Market
	Signature: Date: Date:
	Signature: Date:

NECK PAIN:						
1. My neck pain began:		()	gradually	() suddenly		
2. I have pain:			sometimes	() all of the time		
3. My pain goes into my:			right arm	() left arm (
4. I have tingling and/or				i i i i i i i i i i i i i i i i i i i) both	
	to control and a control of the cont	()	right arm	() left arm () both	beau reshrung with
My pain is worse whe	n I:		• • • • • • • • • • • • • • • • • • • •	zer noue anolios		
cough or sneeze		Maria	Yes	() No		
bend forward		10 15	Yes			
lift			Yes	, - ,		
push			Yes	() No		
pull			Yes	() No		
turn my head			Yes	() No		
6. My pain wakes me up	444			() No		
Changes in the weath	er affect my pain	()	Yes	() No		
8. I have neck stiffness		()	Yes	() No		
9. I have headaches		()	Yes	() No		
0. If I do get headaches,	they occur:	()	sometimes	() all of the time	9	
		1				
THER PAIN:						
questionnaire, or list a						
questionnaire, or list a		E)V ^A (1 881	- Caramianas	5-17-10-16-2	ot Cerro Servo y and Gensted
questionnaire, or list a		c)M I	1 29% [] N	Y & Cartago	german market	Describer of control of the control
questionnaire, or list a		6)41	JOB DESC		Service converse	bell wow and
(In terms of an 8-hour 67% to 100% of the contract of the cont	workday, "occasi ay).		JOB DESC	RIPTION:	s 34% to 66%, and	"continuously" me
(In terms of an 8-hour 67% to 100% of the co	ay).	onally"	JOB DESC	RIPTION:	s 34% to 66%, and	"continuously" me
(In terms of an 8-hour 67% to 100% of the co	ay). kday, I: (Circle #	onally"	JOB DESC means 33%, rs / activity)	RIPTION: "frequently" mean	s 34% to 66%, and	"continuously" me
(In terms of an 8-hour 67% to 100% of the continuous of the continuous to the contin	ay). kday, I: (Circle # 3 4 5	onally" of hour	JOB DESC means 33%, rs / activity) 7 8	RIPTION: "frequently" mean	s 34% to 66%, and	"continuously" me
(In terms of an 8-hour 67% to 100% of the color work). In a typical 8-hour work Sit: 1 2	ay). kday, I: (Circle # 3 4 5 3 4 5	onally" of hour 6 6 6	JOB DESC means 33%, rs / activity) 7 8	RIPTION: "frequently" mean	s 34% to 66%, and	"continuously" me
(In terms of an 8-hour 67% to 100% of the color sit: 1 2 Stand: 1 2 Walk: 1 2	ay). kday, I: (Circle # 3	onally" of hour 6 6 6 6	JOB DESC means 33%, rs / activity) 7 8 7 8	RIPTION: "frequently" means hours hours	s 34% to 66%, and	"continuously" me
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