

1. What was the date of the injury? _____
2. What time did the injury occur? _____ AM PM
3. What is the name of your employer? _____
4. What is the street address of your employer? _____

5. Address or location of accident _____ County: _____
6. What is the name of your attorney? _____
7. What is the street address of your employer? _____

8. Please describe your incident in a few sentences:

9. Did you report the incident to your supervisor? YES NO
10. What is your Supervisor's name?

11. Did your employer send you to a doctor? YES NO
If yes, please provide the doctor's name _____
12. Did you go to a doctor on your own? YES NO
If yes, please provide the doctor's name _____
13. Are there any other problems that affect your employment? YES NO
If yes, please explain: _____
14. Does your job cause you to favor one side of your body? YES NO
15. Before the injury, were you capable of performing equal work with others your age? YES NO
16. Have you injured this area before? YES NO
If yes, when and how? _____
17. Do you have a history of absenteeism caused from accidents on the job? YES NO
18. Are your activities restricted as a result of this accident? YES NO
19. Since the injury, are your symptoms: Improving Getting Worse Staying the same
20. Were you taken to the Hospital? YES NO
21. Were you admitted? YES NO
22. Have you consulted any other Doctors? YES NO
23. If so, give names and addresses _____

24. Date of Last Treatment received for this injury: _____
25. By whom: _____