PEARSON
Chiropractic & Rehabilitation Center

WORK INJURY INFORMATION

Patient Name _____ Today's Date _____

General Information

DATE OF INJURY	Employer at time of injury	Job Title
____ / ____ / ____	Duties	

Did you notify employer of your injury? ☐ Yes ☐ No Are you currently working? ☐ Yes ☐ No

If no, what as the last day you worked? _____

How were you injured? (mark one)

- ☐ **Overexertion:** This includes injuries related to pulling, lifting, pushing, holding, carrying and throwing activities at work.
- ☐ **Fall on Same Level Surfaces:** This pertains to falls on work site and office floors.
- ☐ **Fall to Lower Level:** This type of fall happens from an elevated area such as a roof, ladder or stairway.
- ☐ **Bodily Reaction:** These are injuries caused by slipping or tripping without falling.
- ☐ **Struck by an Object:** Objects that fall from shelves or are dropped by another person.
- ☐ **Struck Against an Object:** This happens when a person accidentally runs into immovable objects such as walls, doors, cabinets, windows or furniture.
- ☐ **Driving Incident:** An injury that occurs while driving for work.
- ☐ **Caught In/Compressed By:** This type of injury usually occurs when large moving machinery catches a limb or clothing and pulls you in.
- ☐ **Repetitive Motion:** Repetitive motions such as typing or using the computer can strain muscles and tendons, causing pain.
- ☐ **Assaults and Violent Acts:** Attacks by co-workers or others.

Specifically describe how the injury occurred (include weights, measures, distances, etc)

_____

_____

_____

_____

_____

After Accident Information

Did you fill out an accident report? ☐ Yes ☐ No *If yes, please provide us with a copy.* Have you hired an attorney? ☐ Yes ☐ No

Attorney's Name _____ Phone _____

Office Address _____

Immediately after the accident, how did you feel? ☐ Dizzy/dazed ☐ Upset ☐ Weak ☐ Nervous ☐ Headache ☐ Disoriented ☐ Unconscious ☐ Other _____

Medical Care After Injury

Admitted to the hospital? ☐ Yes ☐ No	Which hospital?	
Did you see a doctor? ☐ Yes ☐ No	Dr.'s Name	Ph:
Physical Therapy? ☐ Yes ☐ No	Name	Ph
Chiropractor? ☐ Yes ☐ No	Dr.'s Name	Ph:
X-rays taken? ☐ Yes ☐ No	Location	Ph:
Did you get an MRI? ☐ Yes ☐ No	Location	Ph:
Other Medical Care? ☐ Yes ☐ No	Describe	

Previous Injuries

Have you suffered previous accidents or injuries? ☐ Yes ☐ No

If yes, please specify: _____

Do you have residual pain from previous accidents or injuries? ☐ Yes ☐ No

If yes, please specify: _____

Later Symptoms (Please note any symptoms that started AFTER the injury occurred)

HEAD

☐ Headache ☐ Memory Loss ☐ Light-headedness ☐ Bump, Bruise, Laceration
☐ Fainting ☐ Blurred Vision ☐ Double Vision ☐ Other _____
☐ Dizziness ☐ Ear Pain ☐ Loss of Vision

NECK

☐ Radiating Pain in Shoulders or Arms ☐ Popping in Neck
☐ Neck Pain ☐ Other _____
☐ Muscle Spasms

SHOULDERS

☐ Shoulder joint pain ☐ Muscle spasms in shoulder ☐ Other _____
☐ Pain across shoulder ☐ Can't raise arms above shoulder level
☐ Tension in shoulders ☐ Can't raise arms over head _____

ARMS AND HANDS

☐ Pain in arms ☐ Loss of grip strength ☐ Swollen joints in fingers ☐ Other _____
☐ Pain in fingers ☐ Pins & needles in hands ☐ Numbness in left arm
☐ Cold hands ☐ Pins & needles in fingers ☐ Numbness in right arm _____

CHEST

☐ Chest pain ☐ Pain around ribs ☐ Other _____
☐ Breast pain ☐ Shortness of breath

ABDOMEN

☐ Nervous stomach ☐ Diarrhea ☐ Abdominal Pain ☐ Other _____
☐ Nausea ☐ Constipation

MID BACK

☐ Sharp stabbing ☐ Muscle spasms ☐ Pain between shoulders ☐ Other _____
☐ Pain ☐ Pain from front to back

LOWER BACK

☐ Sharp stabbing
☐ Pain
☐ Muscle spasms

Low back pain is worse when:
☐ Working ☐ Sitting ☐ Lifting ☐ Bending
☐ Stooping ☐ Coughing ☐ Standing ☐ Lying down

☐ Other _____

HIPS, LEGS AND FEET

☐ Pain in buttocks ☐ Leg cramps ☐ Numbness in leg ☐ Other _____
☐ Pain in hip joint ☐ Pins & needles in legs ☐ Pain down leg
☐ Numbness in toes ☐ Feet feel cold ☐ Knee pain _____

GENERAL

☐ Nervousness ☐ Depression ☐ Sleep loss: _____ hours per night
☐ Irritability ☐ Cramping
☐ Fatigue ☐ Generally feeling run down ☐ Other: _____