



Buckeye Health & Rehabilitation
INITIAL WORKERS COMPENSATION HISTORY QUESTIONNAIRE

Name: _____ DOB: _____ Chart/File#: _____

Date of Injury: _____ Are you currently working? (Circle One): Yes No If no, date last worked: _____

Did you report the accident to employer? (Circle One): Yes No Name of individual you reported the injury to: _____

Were there any witnesses? (Circle One): Yes No If yes, please list: _____

What areas of the body did you injure at work (Please list the most severely injured to least severely injured by number. (Example: #1. Neck pain with pain and numbness into the right arm down to my first two fingers, #2. Right Shoulder pain, #3. Right Elbow Pain, #4. Mid Back pain): _____

In your own words, please describe the accident, the mechanism of injury to each body part you listed above, and the severity of each injured body part. Great detail must be given in how and what you were doing (mechanism of injury) to each body part when they were injured at work. (Example: At work this morning about 9:45 AM, I was pressing coils. I was doing my normal job, when I bent over to move the box of coils. I was in a forward flexed, twisted to the right, and awkward position. The box of coils was very heavy weighing 50-70 lbs. The box was stuck, so I jerked it up while in this awkward position. I felt a severe pop/crack in my low back. I felt instant sharp shooting pain in my low back more on the right. This pain shot down my right leg like a bolt of lightning into my right foot, and I now have numbness down my right leg. I am now developing mild mid back pain and moderate left sided hip pain. Etc. (Start below on this page, and continue explaining everything in great detail on the back of this form):

Has the pain worsened or improved since the injury? (Please Explain): _____

Have you been treated by another doctor for this injury. (Circle One): Yes No If yes, where & by whom: _____

Have you contacted an Attorney? (Circle One): Yes No If yes, which Attorney & Phone#: _____

Are you having any other active health issues not related to this injury and what treatments? (Examples: Hypertension - medication, Diabetes - insulin injections, etc.): _____

Do you have inactive health issues, year, & what treatments? (Examples: Gout 2006 - medication, Cancer 2003 - remission/chemo, etc.): _____

Past Injuries & Surgeries, Year? (Examples: Broken Leg 2004, Hernia Repair 2005, etc.): _____

Current Medications, Dosage, and Frequency? (Albuterol 200mg - 2x a day, Over the Counter Ibuprofen 400mg - 3 times a day): _____

Allergies (Example: Bees, etc): _____

Family Medical History (Example: Father Diseased - Cancer, Mother Alive - Heart Transplant, Brother Alive - Diabetic): _____

Social History (Example: Social Drinker 2 Beers - 2x a week, Smoker - 2 packs a day, I like to fish, watch movies, play with my 3 children): _____

Occupational History (Example: Hate my job, 6 days/week past 7 years at Caito Foods w/ repetitive motions, lost 4 days of work due to this problem): _____

Other Conditions: Please circle and clarify on the line below any of the following you have had in the past: (Aids, Alcoholism, Anemia, Anorexia, Appendicitis, Arthritis, Bleeding Disorders, Breast Lump, Bronchitis, Bulimia, Cancer, Cataracts, Chemical Dependency, Chicken Pox, Diabetes, Emphysema, Epilepsy, Glaucoma, Goiter, Gonorrhea, Gout, Heart Disease, Hepatitis, Hernia, Herpes, High Cholesterol, HIV Positive, Kidney Disease, Liver Disease, Measles, Migraine Headaches, Miscarriage, Mononucleosis, Multiple Sclerosis, Mumps, Pace Maker, Pneumonia, Polio, Prostate Problems, Psychiatric Care, Rheumatic Fever, Scarlet Fever, Stroke, Suicide Attempt, Thyroid Problems, Tonsillitis, Tuberculosis, Typhoid Fever, Ulcers, Vaginal Infections, Venereal Disease, etc.): _____

I certify that the above information is correct to the best of my knowledge. I will not hold the doctor or any members of his/her staff responsible for any errors or omissions that I may have made in the completion of this form.

Patient's Signature (Guardian's Signature if Minor): _____ Date: _____

Witness' Signature: _____ Date: _____