

## Work-related Injury Information

Name: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

Please describe, to the best of your knowledge, what happened during this accident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did pain begin \_\_\_\_\_ suddenly after trauma or \_\_\_\_\_ gradually after trauma?

Are symptoms worse at a certain point of the day? \_\_\_\_\_

\_\_\_\_\_

How long have these pain complaints/symptoms been present?

☐ less than one week

☐ more than six weeks

☐ less than six weeks

☐ more than three months

☐ more than one year

The pain is: ☐ constant ☐ comes & goes and lasts for \_\_\_\_\_ minutes

\_\_\_\_\_ hours

\_\_\_\_\_ days

What activities make your pain complaints/symptoms worse? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What activities make your pain complaints/symptoms better? \_\_\_\_\_

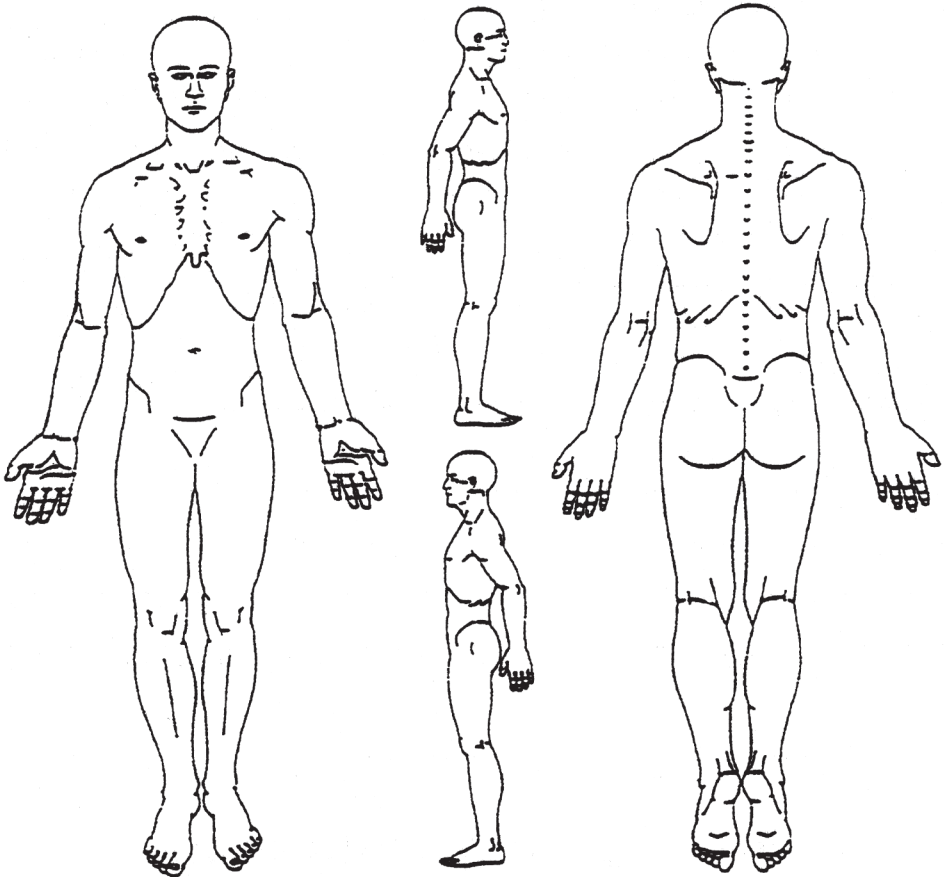
\_\_\_\_\_  
\_\_\_\_\_

What physical duties are required for your job? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all adjunctive therapies received for this injury: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On the pictures below, use the indicated marks to show areas where you experience:

- |              |           |             |
|--------------|-----------|-------------|
| pain ○       | spasm ≡   | weakness W  |
| numbness N   | tension ≡ | throbbing T |
| tingling {}} | ache A    | burning >>  |



Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_