

PRESENTING PROBLEM INFORMATION FOR WORK INJURY OR ILLNESS

NAME (last, first, middle): _____ DATE: _____
SOCIAL SECURITY NUMBER: _____
EMPLOYER: _____ OCCUPATION: _____

HISTORY OF PRESENT ILLNESS:

1. Injury date: _____ Time: _____
When did you first notice the symptoms? _____

2. Did the symptoms come on suddenly, or did they develop gradually?
Check one: Suddenly Gradually

3. Describe how the injury occurred (What were you doing at the time of the injury?)

4. Describe any remedies or treatments you may have used for this, and whether they were effective: _____

5. Have you ever had a similar problem in the past? Yes No
If Yes, describe when it occurred and the treatment provided: _____

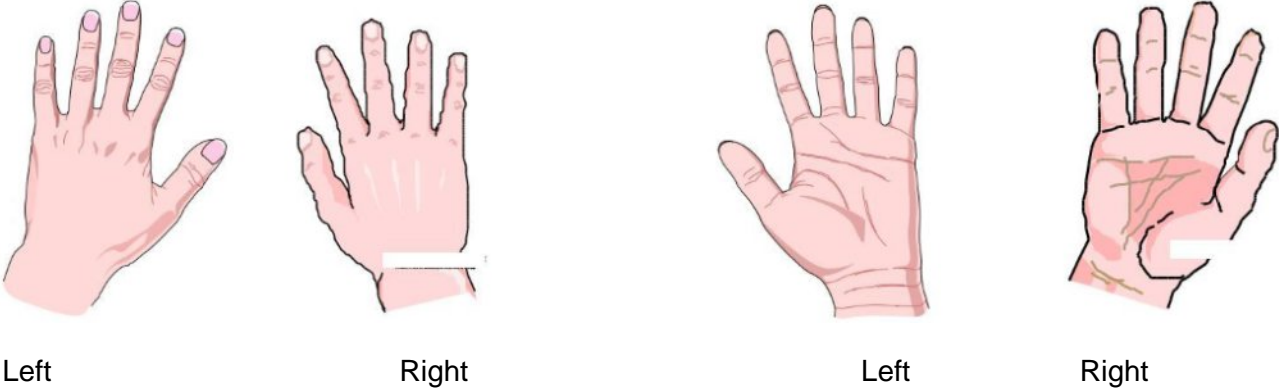
6. Have you seen other health care practitioners for this problem? Yes No
If Yes, indicate the facility and treatment received: _____

7. What words best describe your symptoms? Check any that apply:
 Aching Sharp Dull Constant Comes and goes
 _____ _____

8. Does anything aggravate the symptoms, or make them worse? _____

9. Does anything lessen the symptoms, or make them better? _____

For a hand injury or condition (e.g., carpal tunnel syndrome), complete the following:



For back, neck, extremity musculoskeletal injuries/conditions, complete the following:

Using the symbols given below, mark the areas on your body where you feel the described sensations. Include all affected areas:

Aching	Numbness	Pins & Needles	Burning	Stabbing	Other
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Right – FRONT – Left

Left – BACK – Right

