

WORK INJURY QUESTIONNAIRE

NAME: _____ Date & Time of Injury: _____

1. Describe your incident in a few sentences: _____

2. Did you report your incident to your supervisor? No Yes

If Yes, What is your supervisor's name? _____

3. Did your employer send you to a doctor? No Yes If yes, Doctor's name, date, findings & treatment: _____

4. Did you go to a doctor on your own? No Yes If yes, Doctor's name, date, findings & treatment: _____

5. Are there any other problems that affect your employment? _____

6. Does your job cause you to favor one side of your body? _____

7. Before the injury were you capable of performing equal work with others your age?

8. Have you injured this part of your body before? _____

9. What is the name and address of your employer? _____

10. Have you hired an attorney? No Yes

If yes, what is your attorney's name, address and phone number? _____
