Belleville Chiropractic
and Wellness Center
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Belleville, WI 53508
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WORKERS COMPENSATION FORM

Name: ______________________________ Date: _____/_______/_____ Case #: _______________

Employer at time of accident: ____

Employers Phone Number: _________________________ Occupation at time of accident: _________________

Date of Injury: __________________ Approximate time of injury: _______________ [ ] AM [ ] PM

Explain how the injury happened (be specific):____

____

____

Describe any environmental conditions which may have contributed to injury (darkness, faulty equipment, slippery floor, etc.): ____

____

Did you fill out a work injury report? [ ] YES [ ] No If yes, when? ____/_____/____

Whom did you submit it to? ____

Were you hospitalized or evaluated at an emergency room as a result of the accident? [ ] YES [ ] No

List ALL doctors, Chiropractors, and Physical Therapists you have seen since the accident:

_______________________________________ _______________________________________

_______________________________________ _______________________________________

Were you taken off work or given any work restrictions as a result of the injury? [ ] YES [ ] No

Are you currently on any work restrictions? [ ] YES [ ] No If yes, by whom? _________________________

If yes, what are the restrictions? ____

Are you having any problems with a fellow employee or supervisor in regards to the injury? [ ] YES [ ] No

If yes, what? ____

Did you have any physical problems or symptoms before the accident? [ ] YES [ ] No

If yes, what? ____

Prior to this accident, have you ever injured or had symptoms in the area of your body now affected?

[ ] YES [ ] No If yes, what and when? ____

Due to physical problems or symptoms, are your daily activities different since the accident? [ ] YES [ ] No

If yes, what are you now unable to do? ____

If yes, what is now painful or difficult to do? ____

Do you have an attorney in this case? [ ] YES [ ] No

If yes, name and phone #: _____________________________ _________________________________

My signature below verifies that I have read, understood and truthfully answered each question to the best of my ability.

Signature: ____ Date: _______________________