Work Accident Information

Date of accident _____ Time _____ AM PM
Please explain how your accident happened (please include location, condition of area and any equipment involved):

If your injury involved LIFTING: (please circle all that apply)

From where were you lifting an object?
Ground Level A surface below ground level A surface 1-3 feet high
A surface 3-5 feet high A surface above 5 feet high

How many pounds was the object you were lifting?
1-5 lbs. 5-10lbs. 10-20lbs. 20-40lbs. 40-60lbs. over 60lbs.

What position were you in while lifting the object?
Back was upright and straight Bent over at the waist
Twisted to the left side Twisted to the right side

What type of pain did you feel immediately after the injury?
Gripping pain Sharp pain Dull pain
Aches Popping feeling Paralysis

If your injury involved FALLING:

From where did you fall at work? (please circle one)
Onto the ground while walking Onto the ground while running
From 1-3 feet high From 5-8 feet high
From 3-5 feet high From higher than 8 feet

What part of your body did you land on?_____
_____

What other areas of your body were affected by your fall _____
_____

Information about your injury:

Where did you feel pain or unusual feeling immediately after the accident?_____
_____

Were you unconscious as a result of the injury?_____ If "yes", how long?_____
Were you bleeding as a result of the injury?_____ From where?_____

Did you leave the work area after the accident to seek medical attention? _____ Please explain where you went, who treated you, and if any imaging (i.e. x-rays, MRI, CT) was done: _____
_____

If you are currently under the care of another practitioner(s), please list their name(s) and the treatment(s) they provide you:

_____

Past Injury Information

Have you ever injured this area before? _____ If "yes", when? How?_____

If injured before, did you lose time from work? For how long?_____
Have you been treated previously by a chiropractor? _____

Present Information/Disability

Have you returned to work? _____ If "yes", date returned _____
Job Description _____
Do you have to favor any part of your body in your work? _____ If "yes", please explain_____
_____

Are your work activities restricted as a result of this accident? _____ If "yes", please explain _____
_____

Since this injury, are your symptoms: improving getting worse the same