



Brusveen^{PLC}

Chiropractic Clinic & Therapy

ACCIDENT CASE FORM

Important... Please fill out the following completely in detail

Name: _____ Address: _____ State: _____

Age: _____ Sex: _____ Marital Status: _____ Number of dependents: _____

Is your injury covered by insurance? _____

If so, name of Insurance company: _____

Name of person handling your accident: _____

Have you retained an attorney? _____ Name and address: _____

Phone #: _____

Where were you taken after the accident? _____

Where did you feel pain? _____

Did you return to work? _____ Date returned to work: _____

Did you consult any other doctor? _____ Doctor's name: _____

What treatments did you receive? _____

How long did you receive care from other doctor? _____

What was the time and date of the present injury? _____ AM/PM _____ Year _____

Have you ever injured this part before? _____ When? _____

Did you lose time from work if injured before? _____

Name of doctor or doctors consulted, if you lost time from work in injuries prior to this injury? _____

Have you had any surgeries and if so, what? _____

When? _____

Have you ever had any complaints in the area involved before the present accident? _____

Do you have any other diseases or accidents that affect your employment? _____

Do you have to favor any part of your body in employment? _____ What? _____

History of absenteeism caused from accidents on the job? _____

Before the injury were you capable of working on an equal basis with others your age? _____

What is the length of present occupation? _____

What is your present occupation? _____

Are your work activities restricted as a result of the injury sustained in the accident? _____

Since the injury are your symptoms: Improving _____ Getting worse _____ Same _____

Please Explain in detail how your accident happened:

Were you disabled due to this accident? _____

If so, when did you return to work? _____

BRUSVEEN CHIROPRACTIC
WORK RELATED INJURY CONSULTATION

Today's Date: _____

Name: _____

Employer: _____

1. Please describe your job:

2. What were you doing at the time you were injured? (Lifting, walking, carrying, climbing, standing, stooping, squatting, crawling, etc.)

3. Please describe the physical conditions, which contributed to your injury: Darkness, hazardous area. (Distinguish Natural hazards from hazards create by poor housekeeping: slippery floor, dangerous stairways, improper equipment, low ceiling, absence of warning devices, etc.)

4. Where did you first feel pain and when did you notice it?

5. Did you fall? If yes, how far? What objects did you strike?

6. Were you treated immediately after the injury? If so, by whom?
