

Work Injury Questionnaire



Heresco
CHIROPRACTIC

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Name: _____ Date: _____

1. What was the date of the injury? _____

2. What time did the injury occur? _____

3. What is the name of your employer? _____

4. Please write your employer's address: _____

5. If you have an attorney, what is their name? _____

6. What are the City, State, and Zip of your attorney? _____

7. Please describe your incident in a few sentences: _____

8. Did you report the incident to your supervisor? _____

9. What is your Supervisor's name? _____

10. Did your employer send you to a doctor? If yes, please provide the doctor's name: _____

11. Did you go to a doctor on your own? If yes, please provide the doctor's name: _____

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

13. Do you favor any part of your body at work due to this particular injury? _____

14. Before the injury, were you capable of performing equal work with others your age? Yes No

15. Have you injured this area before? Yes No

Signature

Date