EMPLOYMENT HISTORY

Please answer the following questions:

OCCUPATIONAL HISTORY:

Date last worked: _____

Current work status: _____ TTD
_____ Restricted Duty
_____ Full Duty

Jobs held in the past five years:

	Job Title	Employer	From (Month/Year)	To (Month/Year)
1.				
2.				
3.				
4.				

JOB DESCRIPTION:

When the injury occured, how many hours did you work per day? _____ Week? _____
Overtime? _____ Occupation at the time of the injury? _____

List of job duties and physical requirements of your work at the time of the injury: _____
_____
_____
_____

Work activities performed: Mark your usual work duties (at the time of injury) with the following letters:

N = Not at all O = Occasionally F = Frequently C = Constantly

_____ Stand	_____ Push	_____ Drive Vehicle	_____ a. 10 lbs. or less
_____ Walk	_____ Pull	_____ Overhead work	_____ b. 11 to 25 lbs.
_____ Climb	_____ Reach	_____ Lift	_____ c. 26 to 50 lbs.
_____ Squat	_____ Twist		_____ d. 51 to 75 lbs.
_____ Kneel	_____ Bend		_____ f. over 100 lbs.
_____ Stoop	_____ Detailed hand work		_____ With assistance?

Total years performed this type of work? _____ Total number of years worked for employer at time of injury? _____ Date of hire? _____

(Continued on back side)

Work activities performed on present occupation (if different than listed on page 1). Mark your usual work duties with the following letters:

N = Not at all O = Occasionally F = Frequently C = Constantly

_____ Stand	_____ Kneel	_____ Reach	_____ #lbs. lifted at one time
_____ Walk	_____ Stoop	_____ Twist	_____ Drive Vehicle
_____ Climb	_____ Push	_____ Bend	_____ Detailed hand work
_____ Squat	_____ Pull	_____ Lift	_____ Overhead work

Other: _____

_____

_____

Total number of years performed at this type of work: _____

I certify that the above information is true and correct to the best of my knowledge. I understand it is important and necessary to give correct information for proper medical evaluation.

_____ _____

Patient's Signature Date

WORKERS' COMPENSATION

Examination Questionnaire

Please answer the following questions:

1) Name_____Date of Injury:_____ Is the injury work related?_____
   If so, please explain:_____
2) Are you currently working:_____ Have you worked or earned income since the injury date?_____
3) Are you able to work?_____ If no, please explain: _____

_____

4) Prior to the injury, what activities or hobbies did you participate in?_____
5) Have you been able to participate in these activities or hobbies since your injury occurred? If not, why?____

_____

_____

_____

6) What can't you do now that you could do before the injury? How have your circumstances changed? (Please be specific):_____

_____

7) List body parts injured (please be specific):_____

_____

8) Please list the limitations for each injured body part:_____

_____

_____

_____

_____

9) Physician's comments:_____

_____

_____

I certify that the above information is true and correct to the best of my knowledge. I understand it is important and necessary to give correct information for proper medical evaluation.

_____ _____

Patient' s Signature Date