



**Worker Compensation**

Patient 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. What is your employers address?  
\_\_\_\_\_

5. What is the name and address of your attorney?  
\_\_\_\_\_

6. Please describe your incident in a few sentences:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Did you report the incident to your employer?  Yes  No

8. What is your supervisors name? \_\_\_\_\_ Phone #: \_\_\_\_\_

9. Did your employer send you to a doctor?  Yes  No

If yes, please provide the doctors name: \_\_\_\_\_

10. Did you go to a doctor on your own?  Yes  No

If yes, please provide the doctors name: \_\_\_\_\_

11. Are there any other problems that affect your employment?  Yes  No

If yes, please provide details: \_\_\_\_\_

12. Does your job cause you to favor one side of your body?  Yes  No

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

14. Have you injured this area before?  Yes  No

**I attest that this information is true and correct. I understand that if this information is NOT correct, I may be billed for services rendered through Damato Chiropractic Center of Glastonbury, LLC.**

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date