

Salem Chiropractic Clinic
Brian Herren, DC
1765 State Street • Salem, Oregon 97303

Worker's Compensation Questionnaire

Full name: _____ Today's date: _____

Employer: _____ Employer phone: _____

Employer address: _____

Describe your work duties (give examples): _____

Lifting: 0 - 10 pounds 11 - 25 pounds 26 - 50 pounds 51 - 100 pounds 100+ pounds

How often are you required to lift the above weight? frequently occasionally never

Date of on-the-job injury: _____ Time of injury: _____ a.m. p.m.

Please explain in detail how the injury happened: _____

Did you feel pain immediately after the injury? Yes No If yes, where? _____

How about the next day(s)? _____

Did you continue working the day you were injured? Yes No

Have you missed any time from work as a result of this injury? Yes No If yes, how much? _____

Has your ability to work been altered due to this injury? Yes No

If yes, what can't you do now? _____

Did you consult a doctor for this injury? Yes No If yes, who? _____

What treatment did you receive? _____

Have your symptoms changed since the initial injury? Yes No If yes, how? _____

Have you ever injured this area before? Yes No If yes, when? _____

If injured before, did you lose time from work? Yes No

Have you ever had a Worker's Compensation claim before? Yes No When? _____

Have you retained an attorney for this injury? Yes No If yes, who? _____