Leisure Yu MD, Ph.D., QME & IME

One Commitment • One Focus • Our Patients

Worker's Compensation History Form

Start Here— Use black pen or pencil and mark the ● circles completely.

1 Today's date

2 Please print your information.

Last Name

First Name MI

3 Please sign and date this form.

Patient Signature Date

Reviewed by:

Physician Signature Date-

4 What was your date of injury?

Print numbers in the boxes.

Month Day Year

5 List name(s) of any witness(es) to your injury below: ○ No Witnesses

6 Did you report the injury? *Mark ● ONE circle*

○ No ○ Yes

If yes, please answer questions 6.a and 6.b

6a To whom did you report the injury?

Please list the name of the person(s) and their phone numbers(s).

6b What was the date(s) that you reported the injury to the above person(s)?

Month Day Year

7 After the injury, were you able to continue working? *Mark ● ONE circle*

○ No ○ Yes

8 Were you doing your regular work at the time of the injury ? *Mark ● ONE circle*

○ No ○ Yes

If you answered **no** to question 8 please explain what you were doing?

9 Were you sent to a doctor immediately? *Mark ● ONE circle*

○ No ○ Yes

9a If you answered no to question 9, please explain why?

9b If you answered yes to question 9, did you drive yourself? *Mark ● ONE circle*

○ No ○ Yes

If you answered **no**, please list who drove or how you got to the doctor or clinic.

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10 Name of doctor, clinic or emergency room where you were first treated:

11 Date of the first visit if not the same as date of injury:

Month Day Year

12 What did the doctor do for you? *Mark as many ● circles as needed*

- ○ Injection
- ○ X-Ray
- ○ Physical Therapy
- ○ Medication
- ○ MRI
- ○ Surgery

13 Did your symptoms improve? *Mark ● ONE circle*

○ No ○ Yes,

If **yes**, indicate which one(s) below.

Symptoms

- ○ Pain
- ○ Weakness
- ○ Stiffness
- ○ Numbness
- ○ Instability
- ○ Tingling
- ○ Swelling

14 Were you referred to another physician for this injury? *Mark ● ONE circle*

○ No ○ Yes If yes, please answer questions 14a through 14d below.

14a By whom were you referred?

14b Doctor's Name:

14c Location:

14d What did this doctor do for you? *Mark as many ● circles as needed*

- ○ Injection
- ○ X-Ray
- ○ Physical Therapy
- ○ Medication
- ○ MRI
- ○ Surgery

15 List the date(s) and name(s) of any other physicians seen for this injury:

○ No other physicians were seen

16 Who is your current doctor?

17 List your current treatment.

Mark as many ● circles as needed

- ○ Injection
- ○ X-Ray
- ○ Physical Therapy
- ○ Medication
- ○ MRI
- ○ Surgery

18 List the Date of Hire for the job you had at the time of injury.

Month Day Year

19 List the number of years at this type of work

20 Describe your job exactly at the time of injury:

➔ **CONTINUE on page 3.**

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21 Indicate your usual work duties at the time of injury? *Please indicate a selection for each duty listed.*

	Not at all	Occasionally	Frequently	Constantly
Stand	○	○	○	○
Kneel	○	○	○	○
Reach	○	○	○	○
Bend	○	○	○	○
Walk	○	○	○	○
Climb	○	○	○	○
Stoop	○	○	○	○
Twist	○	○	○	○
Push	○	○	○	○
Pull	○	○	○	○
Squat	○	○	○	○
Drive Vehicle	○	○	○	○
Overhead Work	○	○	○	○
Detailed Handwork	○	○	○	○

22 Does your usual work require you to lift? *Mark ● ONE circle*

○ No ○ Yes, If **yes**, please answer questions 22a and 22b below:

22a What is the average weight you lift during your duties?

in ○ kilograms or ○ pounds

22b What is the maximum weight you lift during your duties?

in ○ kilograms or ○ pounds

23 What was your work schedule?
Mark ● ONE circle

○ Full Time ○ Part Time
○ Full Time with Overtime

24 Were you returned to regular work?
Mark ● ONE circle

○ No ○ Yes, If **no**, please answer questions 24a through 24c below.

24a Were you returned to Modified work?
Mark ● ONE circle

○ No ○ Yes

24b What restrictions were given to you?
Please list them below.

24c Please list the time period(s) you missed work: ○ No missed work time

From Month	From Day	From Year	To Month	To Day	To Year

25 Are you still employed at the job where you were hurt? *Mark ● ONE circle*

○ No ○ Yes, If **no**, please answer questions 25a.

25a Where are you currently working?

26 Do you have a new job? *Mark ● ONE circle*

○ No ○ Yes
If **yes**, please answer questions 26a and 26b

26a What was the start date of the new job?
Month Day Year

26b List below the company your new job is with.

27 Have you ever had a previous Work Related Injury? *Mark ● ONE circle*

○ No ○ Yes, If **yes**, please answer questions 27a through 27d

➔ **CONTINUE on page 4.**

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27a Describe the previous Work Related Injury below:

27b Who was your employer at the time of the injury?

27c Did you have surgery? *Mark ● ONE circle*

○ No ○ Yes

If **yes**, please list all the surgeries.

27d Did you fully recover? *Mark ● ONE circle*

○ No ○ Yes, Please give an explanation below.

28 Have you ever had a previous Non-Work Related Injury? *Mark ● ONE circle*

○ No ○ Yes, If **yes**, please answer questions 28a through 28c

28a Describe the previous Non-Work Related Injury below:

28b Did you have surgery? *Mark ● ONE circle*

○ No ○ Yes, If **yes**, please list all the surgeries.

28c Did you fully recover? *Mark ● ONE circle*

○ No ○ Yes, Please give and explanation below

29 Have you ever broken any bones? *Mark ● ONE circle*

○ No ○ Yes, Please give and explanation below.

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