

NO-FAULT INJURY QUESTIONNAIRE



Name: _____

Date of injury: _____

1. Job Title: _____

Job Discription:

2.

3. Describe in your own words how the accident happened:

4. Was a ticket issued? Yes No If Yes, To Whom: _____

5. If more than one motorist involved, whose insurance is liable for your treatment?

Name of insurance Co. _____ Claim No. _____

6. Do you have an attorney? Yes No If Yes, Name and phone number:

7. Have you ever had an injury to this part(s) of your body previously? Yes No

8. Are you seeing a physician, practitioner, rehab, chiro for this same problem? Yes No

If Yes, Please list name(s) and phone number(s):

9. Who referred you to Workstar Clinic? _____

10. Do you currently have a family physician? Yes No

If Yes, Please list name(s) and phone number(s):

11. Did this accident result in your inability to go to work? Yes No

If Yes, Please list the dates of absence from work:

Please help us by checking the form over to make sure you have answered every question before you return to the receptionist.

MAHALO