

WORKS' COMPENSATION QUESTIONNAIRE



Name: _____

Date of injury: _____

1. Approximate time of day injury occurred: _____

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

3. Were there any witnesses? Yes No If Yes, Please list names:

4. Have you reported your injury to your supervisor/employer? Yes No

When: _____

To Whom: _____

Verbally or in writing: _____

5. Is your current employer the same employer where you were initially injured? Yes No

6. Have you filed a work comp claim before for this same injury? Yes No

If so, what year and who was your employer at that time?

7. Have you ever had your medical claim denied or any difficulties with your work comp Insurance company? Yes No

If yes, explain?

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):

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

MAHALO