

*Small Miracles Natural Health Center
Central Connecticut Chiropractic, PC
36 Chamberlain Highway
Kensington, CT 06037
(860) 828-3435*

Workers' Compensation Questionnaire

Name: _____ Age: _____

Name of Employer: _____ Job Title: _____

Address of Employer: _____

Date of Injury/Accident: _____ Time of Accident: _____

Please explain fully how your accident happened? _____

What did you feel immediately after the accident? _____

What pain or other symptoms are you currently experiencing? _____

Did you continue working? Yes / No Explain: _____

Did you report the accident? Yes / No If yes, to whom? _____

Name & phone number of contact person at your office: _____

Did you receive any immediate treatment? Yes / No If yes, describe treatment: _____

List providers consulted since your accident: _____

Please list any medications you are currently taking for this condition (including over-the-counter): _____

Did you miss any work? Yes / No If yes, please describe: _____

Please describe your regular work duties: _____

Are you able to perform your regular work duties? Yes / No If no, please list your restrictions: _____

Are there daily activities at home or work that you can't perform due to your injury? Yes/ No If yes, please list: _____

Have you previously injured this area before? Yes / No If Yes, please describe previous injuries: _____

Have you hired an attorney for this injury? Yes / No

If yes, give name & address: _____

Signature: _____ Date: _____