

LIFE CHIROPRACTIC WORK INJURY INTAKE
1400 King Street, # 105, Bellingham, WA 98229-6262

NAME: _____ DATE: _____

1. What was the date of the injury? _____
2. What time did the injury occur? _____
3. What is the name of your employer? _____
4. What is the street address of your employer? _____
5. What is the City, State, and Zip of your employer? _____
6. What is the name of your attorney? _____
7. What is the City, State, and Zip of your attorney? _____
8. What is the street address of your employer? _____
9. What is the City, State, and Zip of your attorney? _____
10. Describe your incident in a few sentences:
11. Did you report the incident to your supervisor? _____
12. What is your Supervisor's name? _____
13. Did your employer send you to a doctor? If yes, provide the doctor's name _____
14. Did you go to a doctor on your own? If yes provide the doctor's name. _____
15. Are there any other problems that affect your employment? _____
16. Does your job cause you to favor one side of your body? If yes, which side, where, and how?
17. Before the injury, were you capable of performing equal work with others your age? _____
18. Have you previously injured this body area? -yes - no
19. If yes, describe when, where, how, full or partial recovery?
20. If yes, did you claim worker's compensation for the injury and if yes, was the claim accepted by a workers' compensation body? -yes -no

SIGNATURE: _____