

Rubert Chiropractic
1185 McCrae Road
Fall River WI 53932
Phone: (920) 484-6444 Fax: (920) 484-6450

WORKER'S COMPENSATION HISTORY

Name _____ Male _____ Female _____
Address _____ City _____ State _____ Zip Code _____
Home Phone _____ Work Phone _____
Text Reminders: YES NO Cell Phone Provider (needed for text reminder) _____
Date of Birth _____ Age _____ Social Security # _____
Employer _____ Supervisor's name (Dept) _____
Employer's Address _____ City _____ State _____ Zip Code _____
Date of work injury _____ Did you report this injury/whom to? _____
Occupation _____ Describe your physical duties _____
Explain injury in detail

Have you seen any other doctor for this injury? _____ When/Where? _____
Witnesses to the accident _____
Have you missed work? _____ List Dates _____
Previous Worker's Compensation injuries (include dates and affected areas)

Indicate below the symptoms you have noticed since the accident: (circle)

Headache	Dizziness	Light bothers eyes
Neck pain	Head too heavy	Loss of memory
Neck stiffness	Pins in arms	Ringling in ears
Sleeping problems	Pins in legs	Face flushed
Low back pain	Numbness in fingers	Buzzing in ears
Mid Back pain	Numbness in toes	Loss of balance
Nervousness	Short of breath	Fainting
Irritability	Fatigue	Loss of smell
Chest pain	Depression	Loss of taste
Tension	Upset stomach	Fever
Cold hands/feet	Constipation/Diarrhea	Cold sweats

Did you have any of these symptoms prior to this injury? _____ Please list

OVER PLEASE

Other Information:

Marital Status: Single _____ Married _____ Divorced _____ Widowed _____
Name of Spouse: _____ Date of Birth _____ Age _____
Employer: _____ WorkPhone: _____ Extension _____

Our office does not guarantee that your work's compensation insurance carrier will pay this account. We will make every attempt to collect payment. However, if for some reason your insurance claim is denied you will be responsible for the full amount due to our office. If you have any questions, please inquire now to avoid any misunderstanding later.

Signature _____ Today's date _____