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INJURED WORKER HISTORY:

Name: _____ _____ _____
Last **First** **MI** **Age** **Date of Birth**

Today's Date: _____ **Date of Injury**:_____

Describe what happened when the injury occurred or pain started. _____
_____
_____

Employer_____ **Date of Hire** _____
Usual Occupaton_____
Briefly describe your job _____
_____

How physically demanding is your job?

___Sedentary (occassionally lifting up to 10 lbs)
___Light (frequently lifting up to 10 lbs; occasionally 20 lbs)
___Light-Medium (frequently lifting up to 20 lbs, occasionally 30 lbs)
___Medium (frequently lifting up to 25 lbs; occasionally 50 lbs)
___Medium-Heavy (frequently lifting up to 35 lbs; occasionally 75 lbs)
___Heavy (frequently lifting up to 50 lbs; occasionally 100 lbs)
___Very heavy (frequently lifting over 50 lbs; occasionally >100 lbs)

Work status at the time of injury or onset of this episode of pain:

___Regular (full time) ___Temporary light duty ___Already on disability
___Regular (part time) ___Permanent light duty

Work status today:

___Regular duty
___Limited/light duty-Date began_____
___Receiving disability-Date began_____
___Other_____

How satisfied are you with your job?

___Very satisfied
___Satisfied
___Dissatisfied
___It is the worst job I've ever had

When was the last time you worked? _____
How many months have you worked during the last 24 months? _____

If your pain got completely better during the next few weeks, do you think your employer would let you return to the job you had before this episode of pain?

___Yes ___Doubt it ___N/A
___Probably ___Definitely not

Do you feel this injury was your employer's fault? ___Yes ___No
If yes, how? _____

Has your employer treated you fairly? ___Yes ___No ___N/A
If no, please explain: _____
_____

Does an attorney assist you with your injury claim? ___Yes ___No ___N/A
If yes, please explain briefly: _____