Durham Family Chiropractic
Dr. Stephen M. Wrinn

Worker's Compensation Questionnaire

Patient Name: _____ Date of Birth:_____ Date:_____

Type of work you do: _____

_____

_____

Please explain in detail how your injury occurred:

_____

_____

_____

_____

_____

Date and Time present injury occurred: _____/_____/_____ □ AM □ PM

Where did you feel pain immediately after the accident? _____

Did you return to work? □ Yes □ No **If so, date returned to work:** _____/_____/_____

Did you consult any other doctor? □ Yes □ No

Did your employer send you to any other doctor? □ Yes □ No

If so, give doctor's name:_____ □ D.C. □ M.D. □ D.O. □ D.D.S. □ other _____

Doctor's diagnosis? _____

Did you lose time from work? □ Yes □ No

What medications are you presently taking? _____

_____

Do you have any other diseases or accidents that have affected your employment? □ Yes □ No **If so, explain:** _____

_____

In your work, do you have to favor any part of your body? □ Yes □ No **If so, explain:**_____

_____

Have you ever had a Worker's Compensation claim before? □ Yes □ No **If so, explain:** _____

_____

Before the injury, were you capable of working on an equal basis with others your age? □ Yes □ No

Are your work activities restricted as a result of this accident? □ Yes □ No

Since the injury, are your symptoms □ Improving? □ Getting worse? □ The same?

Have you retained an attorney? □ Yes □ No **Litigation?** □ Yes □ No

If so, please provide your attorney's name, address and phone #: _____

_____

Please do not write below this line.

The injury was verified by _____ on _____

Name of supervisor who verified the injury:_____ Time of call: _____

Activities of Daily Living

Place a check under the applicable level of functionality to the right for each activity of daily living that applies to you	Five Levels of Functionality				
	Can be performed without any difficulty	Can be performed without much difficulty, despite some pain	Can be managed by yourself despite marked pain	Can be managed, despite the pain, but only with assistance	Cannot be performed at all, because of the pain
SELF CARE AND PERSONAL HYGIENE					
Bathing					
Drying Hair					
Brushing Teeth					
Putting on Shoes					
Preparing Meals					
Taking out the Trash					
Showering					
Combing Hair					
Making the Bed					
Tying Shoes					
Eating					
Doing Laundry					
Washing Hair					
Washing Face					
Putting on a Shirt					
Putting on Pants					
Cleaning Dishes					
Going to the Toilet					
PHYSICAL ACTIVITIES					
Standing					
Standing for Long Periods					
Walking					
Walking for Long Periods					
Kneeling					
Kneeling for Long Periods					
Sitting					
Sitting for Long Periods					
Stooping					
Reaching					
Reclining					
Squatting					
Bending Back					

Place a check under the applicable level of functionality to the right for each activity of daily living that applies to you	Five Levels of Functionality				
	Can be performed without any difficulty	Can be performed without much difficulty, despite some pain	Can be managed by yourself despite marked pain	Can be managed, despite the pain, but only with assistance	Cannot be performed at all, because of the pain
PHYSICAL ACTIVITIES CONTINUED					
Bending Left					
Bending Right					
Bending Forward					
Leaning Back					
Leaning Left					
Leaning Right					
Leaning Forward					
Twisting Left					
Twisting Right					
FUNCTIONAL ACTIVITIES					
Carrying Small Objects					
Carrying Large Objects					
Carrying a Briefcase					
Carrying a Large Purse					
Lifting Weights off the Floor					
Lifting Weights off the Table					
Pushing Things While Seated					
Pushing Things While Standing					
Pulling Things While Seated					
Pulling Things While Standing					
Exercising Upper Body					
Exercising Lower Body					
Exercising Arms					
Exercising Legs					
Climbing Stairs					
Climbing Inclines					
SOCIAL AND RECREATIONAL ACTIVITIES					
Bowling					
Jogging					
Swimming					
Ice Skating					
Competitive Sports					
Dating					
Golfing					
Dancing					
Skiing					
Hobbies					
Dining Out					

Place a check under the applicable level of functionality to the right for each activity of daily living that applies to you	Five Levels of Functionality				
	Can be performed without any difficulty	Can be performed without much difficulty, despite some pain	Can be managed by yourself despite marked pain	Can be managed, despite the pain, but only with assistance	Cannot be performed at all, because of the pain
DIFFICULTIES WITH TRAVELING					
Driving a Motor Vehicle					
Driving for Long Periods					
As a Passenger in a Car					
As a Passenger in a Train					
As a Passenger on a Plane					
As a Passenger for Long Periods					
Place a check under the applicable level of functionality to the right for each activity of daily living that applies to you	Five Levels of Functionality				
	This area is not being affected by my condition	This area is being slightly affected by my condition	My condition moderately restricts my ability in this area	My condition seriously limits my ability in this area	My condition prevents me from using this ability
DIFFICULTIES WITH COMMUNITCATING					
Concentrating					
Listening					
Speaking					
Reading					
Writing					
Typing					
DIFFICULTIES WITH THE SENSES					
Seeing					
Hearing					
Sense of Touch					
Sense of Taste					
Sense of Smell					
DIFFICULTIES WITH HAND FUNCTIONS					
Grasping					
Holding					
Pinching					
Percussive Movements					
Sensory Discrimination					
DIFFICULTIES WITH SLEEP AND OTHER FUNCTIONS					
Getting a Normal, Restful Night's Sleep					
Participating in Sexual Activity					
Desire to participate in Sexual Activity					
Participating in Social Activities					
Desire to participate in Social Activities					

Signature of Patient:_____ Date:_____