

Name: _____ WCB Claim No: _____
Date of Birth: _____ Date of Injury: _____
CareCard No: _____ Occupation: _____

Employer's Name: _____
Employer's Address: _____
Employer's Phone No: _____ Have you reported this injury to your employer? Yes No

Any previous WCB Injuries? _____
Previous back injuries, not WCB? _____
Any related pre-existing conditions? _____

Who rendered the first treatment? _____
In your own words, please describe the accident: _____

How did the pain come on? Suddenly Slowly
Since the injury, are you feeling? Better Worse Same
Did you have any symptoms prior to this injury? Yes No
Has this caused time off work? Yes No
Have you been able to work since the injury? Yes No
Have you missed much work due to other accidents? Yes No
Is there a high rate of back injuries where you work? Yes No
Are there light duties available at work? Yes No
Did you consult any other Doctors or Therapist? Yes No
If YES, who did you see and when? Name: _____ Date: _____

Please specify the number of hours in a typical day that you Sit: _____ Stand: _____ Walk: _____

Please indicate the activities you normally perform on the job:
 Bend Bend while lifting Squat Climb Reach above shoulders Crouch Kneel Push/Pull

Please indicate the amount of lifting normally requires by your job:
 1-10 lbs 11-24 lbs 25-34 lbs 35-50 lbs 51-74 lbs 75-100 lbs

Please indicate which repetitive movements you use:
 Simple grasping Left hand Firm grasping Left hand Fine manipulating Left hand
 Simple grasping Right hand Firm grasping Right hand Fine manipulating Right hand

If experiencing Headaches, please indicate frequency: _____ per Day/Week/Month Constant Intermittent
Pain Mild Moderate Severe
Located Back of Head Forehead Temples
 Right side Left side Behind eyes

General Symptoms

- Irritability
- Loss of sleep
- Depression
- Tension
- Jaw pain
- PMS
- Nervousness
- Fatigue

Head

- Memory loss
- Ringing in ears
- Blurred vision
- Light sensitivity
- Light headed
- Fainting
- Double vision
- Loss of balance
- Hearing loss

Neck

- Stiffness
- Muscle spasm
- Grinding/grating sound

- Pain** Mild Moderate Severe
Located Right side Left side Both sides

Shoulders

- | | | | | | | |
|-----------------------|-------------------------------|-----------------------------------|---------------------------------|-------------------------------|--------------------------------|-------------------------------|
| Pain in joints | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe | <input type="checkbox"/> Left | <input type="checkbox"/> Right | <input type="checkbox"/> Both |
| Pain across shoulders | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe | <input type="checkbox"/> Left | <input type="checkbox"/> Right | <input type="checkbox"/> Both |
| Limited movement | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe | <input type="checkbox"/> Left | <input type="checkbox"/> Right | <input type="checkbox"/> Both |
| Tension | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe | <input type="checkbox"/> Left | <input type="checkbox"/> Right | <input type="checkbox"/> Both |

Arms and Hands

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|-------------------------|-------------------------------|-----------------------------------|---------------------------------|-------------------------------|--------------------------------|-------------------------------|
| Pain in upper arms | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe | <input type="checkbox"/> Left | <input type="checkbox"/> Right | <input type="checkbox"/> Both |
| Pain in elbow/forearm | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe | <input type="checkbox"/> Left | <input type="checkbox"/> Right | <input type="checkbox"/> Both |
| Pins & needles in arm | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe | <input type="checkbox"/> Left | <input type="checkbox"/> Right | <input type="checkbox"/> Both |
| Numbness in arm | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe | <input type="checkbox"/> Left | <input type="checkbox"/> Right | <input type="checkbox"/> Both |
| Pain in wrist/hand | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe | <input type="checkbox"/> Left | <input type="checkbox"/> Right | <input type="checkbox"/> Both |
| Pins & needles/numbness | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe | <input type="checkbox"/> Left | <input type="checkbox"/> Right | <input type="checkbox"/> Both |

Midback/Chest

- | | | | | | | |
|---------------------------------------|---|-----------------------------------|---|-------------------------------|--|-------------------------------|
| Pain in joints | <input type="checkbox"/> Sharp | <input type="checkbox"/> Shooting | <input type="checkbox"/> Dull ache | <input type="checkbox"/> Left | <input type="checkbox"/> Right | <input type="checkbox"/> Both |
| <input type="checkbox"/> Muscle spasm | <input type="checkbox"/> Pain around ribs | | <input type="checkbox"/> Irregular heart beat | | <input type="checkbox"/> Shortness of breath | |

Low Back, Hips, Legs and Feet

- | | | | | | | |
|-----------------------|--------------------------------|-----------------------------------|---------------------------------|-------------------------------|--------------------------------|-------------------------------|
| Upper lumbar pain | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe | <input type="checkbox"/> Left | <input type="checkbox"/> Right | <input type="checkbox"/> Both |
| Lower lumbar pain | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe | <input type="checkbox"/> Left | <input type="checkbox"/> Right | <input type="checkbox"/> Both |
| Sacro-iliac pain | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe | <input type="checkbox"/> Left | <input type="checkbox"/> Right | <input type="checkbox"/> Both |
| Muscle spasms | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe | <input type="checkbox"/> Left | <input type="checkbox"/> Right | <input type="checkbox"/> Both |
| Pain in buttocks | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe | <input type="checkbox"/> Left | <input type="checkbox"/> Right | <input type="checkbox"/> Both |
| Pain in hip joints | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe | <input type="checkbox"/> Left | <input type="checkbox"/> Right | <input type="checkbox"/> Both |
| Knee pain | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe | <input type="checkbox"/> Left | <input type="checkbox"/> Right | <input type="checkbox"/> Both |
| Leg cramps | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe | <input type="checkbox"/> Left | <input type="checkbox"/> Right | <input type="checkbox"/> Both |
| Pain down leg | <input type="checkbox"/> Front | <input type="checkbox"/> Back | <input type="checkbox"/> Side | <input type="checkbox"/> Left | <input type="checkbox"/> Right | <input type="checkbox"/> Both |
| Numbness down leg | <input type="checkbox"/> Front | <input type="checkbox"/> Back | <input type="checkbox"/> Side | <input type="checkbox"/> Left | <input type="checkbox"/> Right | <input type="checkbox"/> Both |
| Pins & needles in leg | <input type="checkbox"/> Front | <input type="checkbox"/> Back | <input type="checkbox"/> Side | <input type="checkbox"/> Left | <input type="checkbox"/> Right | <input type="checkbox"/> Both |
| Ankle pain | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe | <input type="checkbox"/> Left | <input type="checkbox"/> Right | <input type="checkbox"/> Both |
| Swollen ankle | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe | <input type="checkbox"/> Left | <input type="checkbox"/> Right | <input type="checkbox"/> Both |
| Foot pain | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe | <input type="checkbox"/> Left | <input type="checkbox"/> Right | <input type="checkbox"/> Both |
| Numbness in feet | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe | <input type="checkbox"/> Left | <input type="checkbox"/> Right | <input type="checkbox"/> Both |
| Swelling in feet | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe | <input type="checkbox"/> Left | <input type="checkbox"/> Right | <input type="checkbox"/> Both |