

Workers' Compensation Division
Patient History - Back Pain

USE BLACK INK

Page 5

To Be Completed by Office Staff

Patient Name: _____

Physician: _____

SSN: _____

Address: _____

Date of Injury: ___/___/___

PHYSICIAN MUST
SUBMIT THIS
FORM WITH LOW
BACK EXAM

Date of Birth: ___/___/___

Phone: _____

Claim Number: _____

FEIN: _____

Date of Exam: ___/___/___

TO BE COMPLETED BY PATIENT (ASSISTANCE PERMITTED)

Present History

1. What are your problems? _____

2. How did the problem occur? _____

3. Where is the location of the problem/pain? _____

4. Have you had this type of complaint before? Yes No
When?/ Where?

4.1 How did that earlier complaint occur?

5. What is the name of your employer?

5.1 What is the type of business of that company?

5.2 What was your job title when problem began?

5.3 What was your usual job? (Job Tasks)

5.4 Describe your job tasks. _____

5.5 What job were you performing when problem began?

6. Who is your immediate supervisor?

Name Phone Number

- 7. Have you discussed your problem with your supervisor? Q Yes Q No
- 8. Is there modified or alternative work at your job? Q Yes Q No Q Don't Know
- 8.1 Are you now working? Q Yes 1-1 No 8.2 If yes, employer 8.3 If yes, your job title
- 9. Your pain is worse in your: Q Head Q Left Arm Q Right Hip Q Neck Q Right Arm Q Left Leg a Left Shoulder Q Back Q Right Leg Q Right Shoulder Q Left Hip Q Other
- 10. Your problem/pain is: Better Worse Different
When you urinate or move your bowels
When you wake up in the morning
In the middle of the night
Mid-day
Evening
Lying
Q Q
Sitting
Driving
Bending
Standing
Walking
- 11. Have you been treated for this complaint before now? Q Yes Q No Where?
- 12. What has helped this complaint the most?
- 13. What has not helped or made this complaint worse?
- 14.1 Do you get pain at the tip of your tailbone? Q Yes Q No
- 14.2 Does your whole leg ever become painful? LI Yes (-1 No
- 14.3 Does your whole leg ever go numb? Q Yes Q No 14.4 Does your whole leg ever give way? Q Yes Q No 14.5 In the past year, have you had any spells with very little pain? Q Yes Q No 14.6 Have you had any intolerance to your treatment or reaction to treatment? Q Yes D No 14.7 Have you had an emergency room visit with back trouble since your recent work injury? Q Yes Q No