

## Auto Injury Questionnaire

Where you struck from?  Behind  Front  R. Side  L. Side

If other, please explain: \_\_\_\_\_

Did you feel pain immediately?  Yes  No

If NO, the when did you start feeling pain? \_\_\_\_\_

Since the injury are your symptoms:  Worse  Improving  Changing  Unchanged

If CHANGING, please explain: \_\_\_\_\_

Were you cited in the accident?  Yes  No

Do you have No-Fault benefits or Med-Pay?  Yes  No

Do you have a deductible?  Yes  No

Has it been met?  Yes  No

Are there benefits left?  Yes  No

After your deductible has been met, what percentage does your insurance cover? \_\_\_\_\_%

What are your policy limits? \_\_\_\_\_

Do you have U/M (Uninsured Motorist Protection)?  Yes  No

Have you retained an attorney for his case?  Yes  No If yes, phone: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Work Injury Questionnaire

Date and time this injury occurred: Date: \_\_\_\_\_ Time: \_\_\_\_\_ am / pm

Explain in detail how your accident happened. (Use other side if necessary.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Area(s) that you felt pain immediately after the accident? \_\_\_\_\_

\_\_\_\_\_

Since your injury, symptoms are:  Improving  Worse  Unchanged

During you work or activities, do you have to favor any part of your body?  Yes  No

If yes, explain: \_\_\_\_\_

Have you ever injured this area before?  Yes  No If Yes, when? \_\_\_\_\_

Did you lose time from work?  Yes  No If Yes, how long? \_\_\_\_\_

Did you return to work?  Yes  No For the same company?  Yes  No

Are you currently working?  Yes  No If No, last date of employment? \_\_\_\_\_

If working for a different company, name of company: \_\_\_\_\_

Do any other medical problems affect your work?  Yes  No

If Yes, what? \_\_\_\_\_

Have you ever had a Workers' compensation claim before?  Yes  No

Has the injury been reported to immediate supervisor/foreman?  Yes  No

If yes, give his/her name: \_\_\_\_\_

May I call your employer for authorization to treat you?  Yes  No Phone: \_\_\_\_\_

Have you retained a Workers' Compensation Attorney for this case?  Yes  No

If yes, name: \_\_\_\_\_ Phone: \_\_\_\_\_