



INTERNAL USE ONLY

\_\_\_ CASE TYPE

\_\_\_ COVERAGE TYPE

\_\_\_ CONDITION TAB

\_\_\_ CLAIM#

\_\_\_ BATCH CLAIM ONLY

\_\_\_ TERM OTHER COVERAGE

# WORKERS COMPENSATION INTAKE FORM

making your health a priority

## 1 ACCIDENT INFORMATION

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

DATE OF INJURY \_\_\_\_\_ TIME \_\_\_\_\_  AM  PM LOCATION \_\_\_\_\_

Please describe the circumstances of the accident in detail:

\_\_\_\_\_  
\_\_\_\_\_

Where did you feel pain immediately after the accident? \_\_\_\_\_

Did you return to work?  YES  NO If so, date returned: \_\_\_\_\_

Did you consult any other doctors?  YES  NO Doctor's Name: \_\_\_\_\_

Diagnosis | Treatment \_\_\_\_\_

Have you ever injured this area before?  YES  NO If yes, when? \_\_\_\_\_

Did you lose time from work?  YES  NO Doctor(s) consulted: \_\_\_\_\_

Do any other diseases/accidents affect your employment?  YES  NO

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

At work do you favor any part of your body?  YES  NO If yes, explain: \_\_\_\_\_

Do you have a history of absenteeism caused from accidents on the job?  YES  NO

Have you ever had a Workers Compensation claim before?  YES  NO

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 this injury are your symptoms:  IMPROVING  GETTING WORSE  STAYING THE SAME

## 2 EMPLOYMENT INFO

EMPLOYER/OCCUPATION \_\_\_\_\_ HR CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

## 3 INSURANCE INFORMATION

WORKERS COMPENSATION COMPANY \_\_\_\_\_ CASE WORKER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CLAIM# \_\_\_\_\_ PHONE \_\_\_\_\_

Do you have an attorney that has advised you in this case?  YES  NO

If yes, attorney's name & address \_\_\_\_\_

New Beginnings Chiropractic has my permission to share information with appropriate parties in order to process claims.

PATIENT NAME (PRINT) \_\_\_\_\_

PATIENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_