

Appointment Questionnaire Patient's First Contact Form

Information to be obtained when the injured worker
or referral source calls to make an appointment.

Patient's Name: _____ DOB: ___ / ___ / ___ Phone: _____

Area of Body Injury: _____

On a scale of 0-10 (10 being the worst pain imaginable) rate your pain: _____

Is your pain limiting your activities? Yes ___ No ___

Employer: _____ Contact Person: _____ Phone: _____

Insurance Company: _____ Adjuster: _____ Claim No: _____

Has your Claim been accepted by the Insurance Company? Yes ___ No ___

DOI: ___ / ___ / ___ Work Status: Full Duty: ___ Light Duty: ___ Not Working: ___

Does your employer have Light Duty? Yes ___ No ___

When was the last day you worked? _____

When do you think you will be able to return to work? _____

Have you been seen at the Emergency Room? Yes ___ No ___

Name of Hospital: _____

Have you seen other Physicians? Yes ___ No ___

List all Doctors: _____

Remember to actively listen to what the injured worker says during this initial conversation. If the injured worker makes comments that you believe are important, such as, "My employer is contesting my injury.", "I don't like my job or my supervisor.", you should ask follow-up questions. Don't pressure but make your response conversational and caring. Also, make notation of any of the psychosocial statements so they can be passed along to the physician.