

WORKCOVER QUESTIONNAIRE

PLEASE ANSWER THE FOLLOWING QUESTIONS

✚ As part of your upcoming appointment and preparation for your Workcover claim, could you please fill out the following information and give to the receptionist prior to your consultation with me. If there is not enough room in the space provided please continue your answer on an additional page.

Name:

Date of Birth:

Occupation:

Employer:

How long have you been with this employer: Years Months

How many claims have you had to date (please give details of each):

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What was the date of your injury:

How did the injury occur:

.....

.....

.....

Where at your workplace did the injury occur:

.....

WORKCOVER QUESTIONNAIRE CONTINUED:

✚ What treatment have you received so far (please give details below):

Medication:

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Physiotherapy:

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Injections:

.....

Surgery:

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Other:

.....

How many days have you had off work:

Are you currently on restricted duties (if so what are the restrictions):

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Is this injury a new problem or an exacerbation of an old problem:

What medical problems do you have:

.....

Do you smoke (if so include daily quantity):

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Thank you for taking the time to fill out this questionnaire. If you feel there are other important points to your claim please feel free to write them below or discuss them with me when you come to your appointment.