

WORKER'S COMPENSATION ONLY

Last Name: _____ First Name: _____ Middle Initial: _____

Are you currently working? YES NO If not, for how long? _____

JOB ASSESSMENT

Please complete the following information regarding your work. If you are currently employed, please complete the form in regards to the type of work you were doing when injured.

Please check the following activities that your work requires:

- Keyboarding Wrist motion Repetitive motion Writing Reaching above shoulder
- Grasping/Pinching Pushing/Pulling/Twisting Lift _____ pounds Extreme Temperatures
- Operate Motor Vehicle, Truck, Cart, Forklift, Etc.) Vibrating or Pneumatic Hand-Held Tools
- Operate Machinery Type _____

How many hours per day do you work? _____ How many days per week do you work? _____

Do you work on an assembly/ production line? YES NO How long have you been doing this type of work? _____

Brief written description of your job: _____

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WORKER'S COMPENSATION INSURANCE INFORMATION:

Employer: _____ Phone: _____ Supervisor: _____

Employer Address: _____ City: _____ State: _____ Zip: _____

Insurance Company: _____ Address: _____

Claim #: _____ DOI: _____ Extremity: _____

Adjuster: _____ Phone #: _____ Fax #: _____

Rehab Nurse: _____ Phone #: _____ Fax #: _____

(CIRCLE ONE) Eval/Treat 2nd Opinion IME Approved by: _____ Date: _____

PATIENT ATTORNEY INFORMATION:

Are you represented by an attorney? YES NO

If Yes, Attorney Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

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AUTHORIZATION:

The information I have provided, to the best of my knowledge, is true and correct. I authorize the release of any medical information requested by the physician or insurance carrier. I authorize release to claim examiners, adjusters, or nurse case managers employed by the insurance carrier listed. I understand that this authorization can be revoked at any time by me. I authorize payment of medical benefits to the Upper Extremity Hand & Microsurgery center for services rendered from this day forth.

Signature: _____ Date: _____