WORKERS' COMPENSATION INFORMATION FORM

Date:_____ Referred By:_____

Name:_____

Address:_____

City_____State_____Zip_____

Phone_____ Alt. Phone_____

Birthdate_____ SS#_____

Husband / Wife_____

Dependents_____Birth Dates_____

Tax Filing Status: Single_____Single Head of Household_____

Married Filing Separate_____ Joint_____

Liens: Medical_____Medicare_____Medicaid_____Friend of Court_____

Employment Information

Employer_____ Date Hired_____

Address of Employer_____

Type of Work_____Working Now?_____

Rate of Pay $_____Weekly Gross $_____

Supervisor / Foreman_____

City of Injury_____Date of Injury_____

County_____

Job Description:_____

_____

_____

Fringe Benefits: Medical / Dental/ Optical / Vacation / COLA / Profit Sharing / Disabilty_____

Type of Termination: Fired_____Laid Off _____Medical_____

Quit_____Retired_____Other_____

Reason for Termination_____

_____

_____

_____

Benefits Received or Presently Receiving from Current Employer

Weekly Workers Compensation Amount Weekly $_____

Sick & Accident Ins.$_____Week / Month Old Age SS$_____Week / Month

Unemployment $_____Week / Month Pension / Retire$_____Week / Month

Disability Ins. $_____Week / Month Self Ins.$_____Week / Month

Profit Sharing $_____Week / Month Wage Cont. Plan $_____Week / Month

Regular Social Security $_____ SSD$_____

Retirement Pension $_____Pending _____

60 Day Case :YES_____NO_____

Dual Employment: YES_____NO_____

W/C Insurance Carrier:_____

Adjuster:_____

Claim #_____

_____

Injury Information

Date of Original Injury_____Last Day Worked_____

Notice to Employer(date)_____To Whom_____

Name & Address of Witnesses:_____

_____

_____

Description of Incident that caused injury:_____

_____

_____

_____

Description of Injuries_____

_____

_____

Returned to same employer:_____

Prior Injuries_____

_____

_____

Emergency Medical_____

Treating Dr (S).____

_____

_____

_____

Hospital
Care_____

Other Pending Cases:_____Neg._____MVA_____Employment_____W/C__

Past Work (last 15 years)_____

Education:_____

Atty.Notes:_____