

# WORK COMP ADDENDUM

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Did you get hurt while working?  Yes  No Any witnesses?  Yes  No \_\_\_\_\_

Date of injury \_\_\_\_\_ Time of injury \_\_\_\_\_ Last date worked \_\_\_\_\_

Have you completed a **First Report of Injury**?  Yes  No If yes, when \_\_\_\_\_

Describe what happened \_\_\_\_\_

List your symptoms \_\_\_\_\_

When did your symptoms begin?  Right away  Later that day  The next day  Other

If you've been evaluated or treated for this yet, list all \_\_\_\_\_

Relative to where you were before this injury, how much have you improved thus far percentage wise \_\_\_\_\_%

Were there any hazards that contributed to this? (slippery floor, dark, etc)  Yes  No If YES, explain below

Did you have any physical complaints right before this accident?  Yes  No If YES, explain below

Did you have pre-existing problems in the same areas as your complaints?  Yes  No If YES, explain below

Have you ever received treatment for pre-existing problems to these areas?  Yes  No

If "Yes", explain in detail below and note how they are different, if at all, from your current complaints

When was the last treatment? \_\_\_\_\_ Were you fully recovered?  Yes  No

Past surgical history \_\_\_\_\_

Comments \_\_\_\_\_