SPRING LAKE PARK
CHIROPRACTIC

1611 County Hwy 10 NE | Spring Lake Park, MN 55432 | 763-784-1540

WORKERS' COMPENSATION HISTORY

PERSONAL INFORMATION

Patient Full Name		
Address		
City	State	Zip Code
Cell Phone	Home Phone	
Social Security Number	Date of Birth	

EMPLOYER ACCIDENT/INJURY INFORMATION

Employer Name	Occupation/Title
Supervisor Name	Supervisor Phone
Date of Injury	Date reported to supervisor
Are you off work ☐ YES ☐ NO	If yes, date you left work: ☐ YES ☐ NO
Have you treated with any other doctor for this injury ☐ YES ☐ NO	If yes, list the doctor(s) names and phone number(s)
Explain the details of the accident/injury	

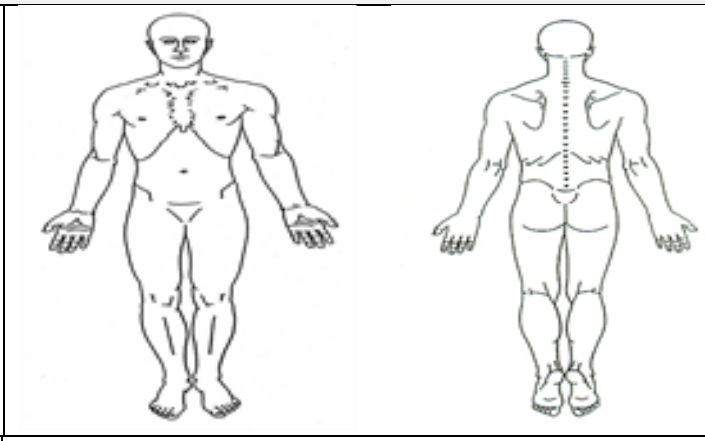
WORKERS' COMPENSATION CARRIER INFORMATION

Compensation Carrier Name/Address	
Compensation Carrier Phone	Claim Number

SYMPTOMS (Check any/all noted after accident)

☐ headache
☐ sleeping problems
☐ irritability
☐ chest pain
☐ diarrhea or constipation
☐ fever
☐ dizziness
☐ tingling arms/fingers
☐ tingling legs/toes
☐ shortness of breath
☐ fatigue
☐ cold hands or feet
☐ light bothers eyes
☐ loss of memory
☐ ringing in ears
☐ loss of taste or smell
☐ upset stomach
☐ other _____
_____

PAIN (Place a "✓" on all areas of pain/concern)



Patient Signature	Today's Date