

***Liott Back And Neck Care Center***

1. What was the date of the injury? \_\_\_\_\_
2. What time did the injury occur? \_\_\_\_\_
3. What is the name of your employer? \_\_\_\_\_
4. What is the street address of your employer? \_\_\_\_\_
5. What is the City, State, and Zip of your employer? \_\_\_\_\_
6. What is the name of your attorney? \_\_\_\_\_
7. What is the street address of your employer? \_\_\_\_\_
8. What is the City, State, and Zip of your attorney? \_\_\_\_\_
9. Please describe your incident in a few sentences: \_\_\_\_\_
  
10. Did you report the incident to your supervisor? \_\_\_\_\_
11. What is your Supervisor's name? \_\_\_\_\_
12. Did your employer send you to a doctor? If yes, please provide the doctor's name  
\_\_\_\_\_
13. Did you go to a doctor on your own? If yes, please provide the doctor's name  
\_\_\_\_\_
14. Are there any other problems that affect your employment?  
\_\_\_\_\_
15. Does your job cause you to favor one side of your body? \_\_\_\_\_
16. Before the injury, were you capable of performing equal work with others your age?  
\_\_\_\_\_
18. Have you injured this area before? -yes                      - no

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