

INTAKE QUESTIONNAIRE



SOLUTIONS

Physical and Occupational Therapy
Work Injury Rehabilitation

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Mountlake Terrace, WA 98043

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Web: www.workable-solutions.com

Date: _____

Client: _____

Claim #: _____

Age: ____ Height: ____ Weight: ____

Hand Dominance: Right Left

Occupation at time of Injury: _____ # of hours per week: _____

Employer at time of Injury: _____

Date of Last Day Worked: Regular Duty _____ Light Duty _____ Are you receiving Time Loss benefits?
Yes/No Social Security Disability? Yes/No

Describe how you were injured: _____

Have you had any of the following tests or treatment? (Dates)

X-rays: _____ Nerve Conduction: _____ MRI: _____ CT Scan: _____ Bone Scan: _____

EMG Date: _____ Injections: When? _____ Helpful? Yes/No

Chiropractic Care: When? _____ Helpful? Yes/No

Surgery: What? _____ When: _____ Helpful? Yes/No

What? _____ When: _____ Helpful? Yes/No

Physical/Occupational Therapy: _____ times a week/mo for _____ months.

When? _____ Where? _____ Helpful? Yes/No

Massage Therapy: When? _____ Where? _____ Helpful? Yes/No

Work Conditioning: When? _____ Where? _____ Helpful? Yes/No

Work Hardening: When? _____ Where? _____ Helpful? Yes/No

Pain Clinic: When? _____ Where? _____ Helpful? Yes/No

Previous PBPCE: When? _____ Where? _____

Current Medications: Rx: _____ For: _____

Rx: _____ For: _____ Rx: _____ For: _____

Rx: _____ For: _____ Rx: _____ For: _____

Rx: _____ For: _____ Rx: _____ For: _____

Do you: Smoke: How much? _____/Day/Week **Alcohol:** How much? _____/Day/Week/Month

Caffeine: How much? _____/Day/Week.

List any prior Industrial Injuries/Dates: _____

List any other medical conditions/injuries (Diabetes, blood pressure, fractures etc): _____

