WORKMAN'S COMPENSATION QUESTIONNAIRE

Name: _____
Last First Maiden

Address: _____

_____

City, State, Zip

Telephone: _____ Email: _____

Employer: _____ Position: _____

Social Security Number: _____ DOB: _____

Driver's License No. _____

Education/Training: ☐ High School ☐ College ☐ Trade School ☐ Graduate

Emergency Contact: _____ _____ _____
Name Relationship Phone Number

Adjustor: _____ Claim No. _____

Date of Injury: _____ Policy No. _____

Date Hired: _____ Date last worked: _____

Did you resign. Quit, or get terminated? ☐ Resigned ☐ Quit ☐ Terminated

What were your job duties?

_____

_____

_____

What was your rate of pay? _____

Did you have a written contract for employment with this employer? ☐ Yes ☐ No

Were you a member of the union while employed by this employer? ☐ Yes ☐ No

How many full-time employees at the workplace? _____

Was your termination voluntary? ☐ Yes ☐ No

Do you think you were wrongfully terminated? ☐ Yes ☐ No

Private Health Carrier (if any) ☐ Yes ☐ No

Policy No.: _____ Carrier: _____

Union Membership? ☐ Yes ☐ No

Union Name: _____

Injury Information

Body Parts Injured:

_____

_____

_____

How did the injury occur?

_____

_____

_____

Where there any witnesses? ☐ Yes ☐ No

If yes, please supply their name and contact information:

_____

_____

Prior Claims

Previous Motor Vehicle Accidents and Other Prior Injuries

_____

_____

_____

Medical conditions pre-existing this injury

Names of Physicians, Medical Facilities where treated:

Physician/Facility	Address	Phone No.

How did you hear about us? _____

Urgency:

☐ 1 (just investigating my rights) ☐ 2 ☐ 3 ☐ 4 ☐ 5(Critically Important)

Desired Outcome:

_____

_____

Acceptable Outcome:

_____

_____

Office Use Only

Date of Determination Order/Notice of Closure: _____

Date of Reconsideration Order: _____

Date of Denial Order: _____

Hearing Date: _____

Lien Items:

- □ Social Security Disability
- □ Child Support Liens
- □ Unemployment Benefits
- □ Welfare Assistance
- □ Private Health Carrier
- □ Medicaid/Medicare