



1740 Weir Drive, Suite 24 Woodbury, MN 55125 (ph) 651-232-6830 (fax) 651-702-2636 www.naturalcarewoodbury.com

WORK INJURY INFORMATION

Patient Information

Name: _____ Date of Birth ____/____/____
(PLEASE PRINT NAME)

Accident Information

Accident Date ____/____/____ Was this injury reported to you employer? Yes / No

Employer's Name _____ Phone # _____

Employer's Address: _____

Immediate Supervisor's Name _____ Phone # _____

Describe the accident _____

Other Providers Seen For This Condition

Provider(s) Name(s) _____ Phone _____

Address _____

Did you miss any time from work? Yes / No If yes, how much? _____

Have you returned to your same job? Yes / No If not, why? _____

Are you represented by an attorney? Yes / No Attorney's Name _____

Attorney's address _____

Insurance Company _____ Claim # _____

Adjuster's Name _____ Phone # _____

Address _____ Policy # _____

Have you been assigned a Qualified Rehabilitation Consultant (QRC)? Yes / No

QRC's name _____ Phone # _____

Address _____