



2665 E. Tudor Rd #201
Anchorage, AK 99507

Worker's Compensation Accident Information

Please complete these questions to the best of your ability. If you do not have this information, please contact your employer promptly to obtain it.

Patient Name: _____ **Date:** _____

1. Date of Accident/Incident: _____

2. Name of Employer: _____

3. Claim Number for Accident/Incident: _____

4. Employer's Work Comp Insurance Company: _____

a. Adjustor's name: _____

b. Adjustor's phone: _____

c. Adjustor's fax: _____

Functional Activities of Daily Living

***This form is to be filled out by all Personal Injury and Worker's Compensation cases.**

Please identify how much difficulty you have performing each of the below tasks:

1. Personal Care (Bath/Hygiene)
 - a. I do not have to change my personal care habits to avoid pain.
 - b. I do not change my personal care habits although it causes some pain.
 - c. My personal care habits do increase my pain but I do not change my normal routine.
 - d. My personal care habits do increase my pain to a point where I find it necessary to change my normal routine.
 - e. Due to the pain, I am unable to perform some of my normal personal care habits.
 - f. Due to the pain, I am unable to perform any of my normal personal care habits.

2. Daily Household Chores
 - a. I do not have to change my daily household chores to avoid pain.
 - b. I do not change my daily household chores although it causes some pain.
 - c. My daily household chores do increase my pain but I do not change my normal routine.
 - d. My daily household chores do increase my pain to a point where I find it necessary to change my normal routine.
 - e. Due to the pain, I am unable to perform some of my normal daily household chores.
 - f. Due to the pain, I am unable to perform any of my normal daily household chores.

3. Sleeping
 - a. I have no pain or interruptions in my sleep.
 - b. I get some pain in bed but it does not prevent me from my normal sleeping patterns.
 - c. Due to the pain I get in bed my sleeping patterns are mildly disturbed (approximately ¼ night's sleep).
 - d. Due to the pain I get in bed my sleeping patterns are moderately disturbed (approximately ½ night's sleep).
 - e. Due to the pain I get in bed my sleeping patterns are severely disturbed (approximately ¾ night's sleep).
 - f. Due to the pain I get little to no sleep at all.

4. Sitting
 - a. I can sit in any chair as long as I like without pain.
 - b. I can sit in any chair as long as I like with only a mild increase in pain.
 - c. Pain prevents me from sitting for more than 1 hour.
 - d. Pain prevents me from sitting for more than ½ hour.
 - e. Pain prevents me from sitting for more than 15 minutes.
 - f. Pain prevents me from sitting at all.

5. Standing
 - a. I am able to stand as long as I want without pain.
 - b. I am able to stand as long as I want with only mild pain.
 - c. Pain prevents me from standing for more than 1 hour.
 - d. Pain prevents me from standing for more than ½ hour.
 - e. Pain prevents me from standing for more than 15 minutes.
 - f. Pain prevents me from standing at all.

6. Walking
 - a. I am able to walk as long as I want without pain.
 - b. I am able to walk as long as I want with only mild pain.
 - c. Pain prevents me from walking for more than 1 hour.
 - d. Pain prevents me from walking for more than ½ hour.
 - e. Pain prevents me from walking for more than 15 minutes.
 - f. Pain prevents me from walking at all.

7. Lifting Objects
 - a. I am able to lift heavy objects without any extra pain.
 - b. I am able to lift heavy objects but it mildly increases my pain.
 - c. Pain prevents me from lifting heavy objects from the floor, but I can manage them if they are conveniently positioned, e.g. on a table.
 - d. Pain prevents me from lifting heavy objects but I can manage light to medium weights.
 - e. Due to the pain, I can only lift very light weights.
 - f. Due to the pain I am unable to lift any weight from the floor.

8. Driving

- a. I am able to drive as long as I want without any pain.
- b. I am able to drive as long as I want with only a mild increase in pain.
- c. Pain prevents me from driving more than 1 hour at a time.
- d. Pain prevents me from driving more than ½ hour at a time.
- e. Pain prevents me from driving more than 15 minutes.
- f. Pain prevents me from driving at all.

9. Social Lifestyle

- a. My social life is normal and gives me no additional pain.
- b. My social life is normal but does increase my level of pain.
- c. Pain does have a limiting restriction on my social activities does not prevent me from going out.
- d. Pain does have a limiting restriction on my social activities and prevents me from going out very often.
- e. Pain has restricted my social life to only home events.
- f. Due to the pain, I do not participate in any of my previous social activities.

10. Exercise

- a. I am able to do any exercise I want without an increase in pain.
- b. I am able to do any exercise with a mild increase in pain.
- c. I am able to exercise but the pain slightly limits my choices.
- d. I am able to exercise but the pain moderately limits my choices.
- e. Due to the pain, my exercise habits have severely been limited.
- f. Due to the pain I am unable to exercise at all.

In the following section please provide 3 short term goals regarding your treatment that you would like to accomplish within the next 60 – 90 days followed by 3 long term goals regarding your treatment that you would like to accomplish by the completion of treatment.

Short Term Activity/Goal (Next 60 - 90 days):
1.
2.
3.
Long Term Activity/Goal (End of Treatment):
1.
2.
3.