Occupational Medicine Associates
323 East Second Avenue, Spokane, WA 99202
509.455.5555 509.455 4114 FAX

Name: _____

INJURED WORKER QUESTIONNAIRE

How did your injury occur? _____

Which doctors have you seen? What treatment have you tried? _____

What are your current symptoms? _____

What have you tried to treat your current injury?

- ☐ Physical Therapy ☐ Occupational Therapy
- ☐ Chiropractic
- ☐ Injections
- ☐ Pain Management
- ☐ Surgery
- ☐ Other

What are you currently doing to treat your injury? _____

Have you been treated for the same condition in the past? ☐No ☐Yes

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List your current health conditions:
List your prior surgeries:

Current Medications	Dosage	Condition medication used to treat

Your allergies to medications:		

	YES	NO	
Do you currently smoke?			# packs per day:
Have you quit smoking			If yes, how long ago did you quit?
Do you use Chewing tobacco?			
Do you drink alcohol			If yes: ☐Minimal ☐Moderate ☐Too Much
History of substance abuse?			If yes, describe
Current substance abuse?			If yes, describe

	YES	NO
Did you graduate from high school?		
--if not, do you have a GED?		
Have you taken college classes		

Last date that you worked:
What job/type of work were you doing when you were injured?

Prior Jobs	Employer	Dates

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Do any of the following problems run in your blood relatives? (Explain)

☐ Heart disease: _____
☐ Bleeding problems: _____
☐ Stroke: _____
☐ Lung problems: _____
☐ Cancer: _____

Check all boxes that apply to you:

General: ☐ NONE
☐ Fevers ☐ Chills ☐ Night sweats ☐ Weight gain / loss
☐ Other:

Eyes-Ears-Nose-Mouth-Throat: ☐ NONE
☐ Blurred vision ☐ Nose bleeds ☐ Abnormal smell/taste
☐ Cataracts ☐ Sinus problems ☐ Difficulty swallowing
☐ Double vision ☐ Ringing in ears ☐ Dental problems
☐ Glaucoma ☐ Vertigo/equilibrium problem
☐ Other:

Heart: ☐ NONE
☐ Chest pain/pressure ☐ Bypass surgery ☐ Heart surgery
☐ Heart valve problem ☐ Angioplasty ☐ Rheumatic fever
☐ High blood pressure ☐ Ankle swelling
☐ Irregular heart beat ☐ Palpitations ☐ Fainting spells
☐ Other:

Blood Vessels: ☐ NONE
☐ Calf pain with walking ☐ Phlebitis ☐ Bleeding problem
☐ Blood clot in lung ☐ Vascular surgery
☐ Other:

Lungs / Breathing Problems: ☐ NONE
☐ Frequent cough ☐ Cough up blood ☐ Sputum production
☐ Short of breath ☐ Short of breath with walking
☐ Tuberculosis ☐ Pneumonia
☐ Asthma ☐ Wheezing
☐ Other:

Chemical Exposures: ☐ NONE
Explain:

Gland Problems: ☐ NONE
☐ Thyroid problem ☐ Diabetes
☐ Other:

Stomach and Digestion: ☐ NONE
☐ Heartburn ☐ Reflux symptoms ☐ Hiatal hernia
☐ Bloating ☐ Constipation ☐ Diarrhea
☐ Bloody stool ☐ Black stool ☐ Ulcers
☐ Abdomen pain ☐ Liver problem ☐ Cirrhosis
☐ Hepatitis ☐ Jaundice
☐ Other:

Genitourinary: ☐ NONE
☐ Pain with urination ☐ Blood in urine ☐ Kidney stones
☐ Frequent urination ☐ Incontinence ☐ Kidney failure
☐ Kidney/bladder infection ☐ Difficulty starting urination
☐ Erectile dysfunction ☐ Prostate problem
☐ Other:

Muscle and Joint Problems: ☐ NONE
☐ Neck pain ☐ Low back pain ☐ Knee pain
☐ Shoulder pain ☐ Hand pain ☐ Arthritis
☐ Joint problem ☐ Gout ☐ Osteoporosis
☐ Other:

Brain and Nerves: ☐ NONE
☐ Confusion ☐ Memory loss ☐ Fainting
☐ Balance problem ☐ Dizziness
☐ Tingling ☐ Numbness ☐ Weakness
☐ Paralysis ☐ Seizures ☐ Brain Injury
☐ Brain tumor/surgery ☐ Headaches ☐ Migraines
☐ Other:

Psychological: ☐ NONE
☐ Depression ☐ Anxiety ☐ Stress
☐ Anger problems ☐ Concern about violence
☐ Other:

_____
_____
_____
_____
_____
_____
_____

Patient Signature: _____ **Date:** _____