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Workers Compensation Injury Occupational History

PATIENT NAME: _____

For all Workers' Compensation related injuries, a complete work history is necessary to accurately document your work injury. Please complete this form as accurately as possible.

Present Occupation

Employer: _____

Address: _____ Phone _____

Length of Employment: _____ years Dates from _____ to _____

Job Title/Position: _____ Time at Position _____

Describe Job Tasks:

Prior Occupation (in the last 10 years)

Employer: _____

Address: _____ Phone _____

Length of Employment: _____ years Dates from _____ to _____

Job Title/Position: _____ Time at Position _____

Describe Job Tasks:

Employer: _____

Address: _____ Phone _____

Length of Employment: _____ years Dates from _____ to _____

Job Title/Position: _____ Time at Position _____

Describe Job Tasks:

Recreational History

When *Not* at work, please list the activities you perform frequently (i.e. sporting activities, knitting, computer use, etc...)

Activity: _____ frequency _____

