PATIENT INFORMATION SHEET

Please fill out this patient information sheet carefully by filling in the blanks, circling the right answer or checking off the correct box. Please try to answer all of the questions. You may use the back side fo any page to explain your answer or to give more information. This form will become part of your medical record.

NAME:	**AGE:**	**SEX:** *Male* *Female*
I am: *Left handed* *Right handed* *Ambidextrous*	**My marital status is:** *Married* *Single* *Divorced* *Separated* *Widowed*	
Employer at time of injury:	**Date Hired:**	**Full Time / Part Time**
Job title when injured:		
Job Description:		
List any other jobs or income source at the time of your work injury:		
Current work status: *Not working* *Regular work* *Modified work* *Part time* *Full time* *Same employer* *Different employer*		
List the date(s) of all work injuries and the parts of your body that were injured each time:		
List any similar problems, illnesses or injuries at any time in your life prior to the work injury:		
Describe specifically how your work injury (s) occurred:		
Describe your current problems and areas of pain:		
What worsens or increases your problem or pain?		
What lessens or decreases your problem or pain?		
Any problems with bowel movements or with urination? *Yes* *No*		**Do you have trouble sleeping?** *Yes* *No*
If zero (0) is no pain and ten (10) is the worst pain imaginable, how would you rate your pain:		
During the day time, how much time do you spend lying down or resting?		
Describe what you do in an average day:		

Please list all of your CURRENT MEDICATIONS: (Include dosages and how often you take them)

Please list all ALLERGIES you have to medications:

Circle all past & current MEDICAL PROBLEMS:

DIABETES	HIGH BLOOD PRESSURE	HEART-LUNG	THYROID DISEASE
SEIZURES	NEUROLOGIC PROBLEMS	KIDNEY-BLADDER	BROKEN BONES
CANCER	STOMACH PROBLEMS	BOWEL PROBLEMS	SKIN PROBLEMS
STROKE	PSYCHOLOGICAL PROBLEMS	NERVOUSNESS	DEPRESSION-ANXIETY
GOUT	HEREDITARY DISEASE	HEARING LOSS	SUICIDE ATTEMPT
ANEMIA	PAST WORK INJURIES	SPORTS INJURIES	AUTO ACCIDENTS

Please list any other medical problems not already mentioned:

List dates for all injuries, auto accidents, hospitalizations and surgeries:

Circle any of the follwing which have occurered in family members:

DIABETES	**MENTAL DISORDERS**	**NECK OR BACK PROBLE DISABILITY**	**DISABILITY**
ARTHRITIS	**SEVERE INJURIES**	**ALCOHOL OR DRUG PROBLEMS**	

How would you characterize your childhood?

How far did you get in school?

Have you ever served in the military? *Yes* *No*

Have you ever been arrested or convicted of a crime? *Yes* *No*

How many times have you been married?

If married now, for how long?

What is the job title of your spouse or companion?

If you have children, please list their ages (Circle the ones living with you)

Who do you live with now?

List your hobbies & recreational activities before your work injury. (Circle those you can no longer do)

Have you ever had an alcohol or drug problem? *Yes* *No*

How much alcohol do you use now?

How much tobacco is used in an average day?

Current recreational drug use: **Y***es* *No*

Salary before work injury:

Present Income (List sources & amounts)

Do you have an attorney: *Yes* *No*

Who?

Please list previous employers, job titles and length of employment at each place (Start with the most recent job)

What do you see in the future for yourself and who do you hope to be doing in one year:

Questions Concerning Activities of Daily Living (ADL)

Name: _____ Date: _____

Please fill out this form carefully and mark only one box for each question.

1. How well can you perform personal self care activities including washing, dressing, using the bathroom, etc.?

- ❒ I can look after myself normally without having extra discomfort.
- ❒ I can look after myself normally by have extra discomfort.
- ❒ It is uncomfortable to look after myself and I am slow and careful.
- ❒ I need some help but I manage most of my personal self care.
- ❒ I need help everyday in most aspects of my personal self care.
- ❒ I do not get dressed, I wash with difficulty and I stay in bed or lay down most of the day.

2. How well can you lift and carry?

- ❒ I can lift and carry heavy objects without having extra discomfort.
- ❒ I can lift and carry heavy objects but I get extra discomfort.
- ❒ I can lift and carry heavy objects only if they are conveniently positioned.
- ❒ I can only lift and carry light to medium objects if they are conveniently positioned.
- ❒ I can only lift very light objects.
- ❒ I cannot lift or carry anything at all.

3. How well can you walk?

- ❒ I am able to walk the same distance I could before my injury.
- ❒ My injury and discomfort prevents me from walking more than 1 mile.
- ❒ My injury and discomfort prevents me from walking more than 1/2 mile.
- ❒ My injury and discomfort prevents me from walking more than 1/4 mile.
- ❒ Because of my injury and discomfort I walk only a limited distance or I use a cane, crutches or walker.
- ❒ Because of my injury and discomfort I am in bed most of the time or use a wheelchair.

4. What is the most strenuous level of activity that you can do for at least 2 minutes?

- ❒ Very heavy activity
- ❒ Heavy activity
- ❒ Moderate activity
- ❒ Light activity
- ❒ Very light activity
- ❒ Extremely light to no activity

5. How well can you climb a flight of stairs?

- ❒ No difficulty (and you can easily perform the activity)
- ❒ Some difficulty (but you can still perform the activity well enough)
- ❒ A lot of difficulty (but you can still do the activity)
- ❒ Unable (you cannot do this activity or someone else helps you with it)

6. How well can you sit for 30 minutes to an hour?

- ❒ No difficulty (and you can easily perform the activity)
- ❒ Some difficulty (but you can still perform the activity well enough)
- ❒ A lot of difficulty (but you can still do the activity)
- ❒ Unable (you cannot do this activity)

7. How well can you sit for 2 hours?

- ❒ No difficulty (and you can easily perform the activity)
- ❒ Some difficulty (but you can still perform the activity well enough)
- ❒ A lot of difficulty (but you can still do the activity)
- ❒ Unable (you cannot do this activity)

8. How well can you stand or walk 30 minutes to an hour?

- ❒ No difficulty (and you can easily perform the activity)
- ❒ Some difficulty (but you can still perform the activity well enough)
- ❒ A lot of difficulty (but you can still do the activity)
- ❒ Unable (you cannot do this activity)

9. How well can you stand or walk for 2 hours?

- ❒ No difficulty (and you can easily perform the activity)
- ❒ Some difficulty (but you can still perform the activity well enough)
- ❒ A lot of difficulty (but you can still do the activity)
- ❒ Unable (you cannot do this activity)

10. How well can you reach and grasp something off a shelf at eye level?

- ❒ No difficulty (and you can easily perform the activity)
- ❒ Some difficulty (but you can still perform the activity well enough)
- ❒ A lot of difficulty (but you can still do the activity)
- ❒ Unable (you cannot do this activity or someone else helps you with it)

11. How well can you reach and grasp something off a shelf overhead?

- ❒ No difficulty (and you can easily perform the activity)
- ❒ Some difficulty (but you can still perform the activity well enough)
- ❒ A lot of difficulty (but you can still do the activity)
- ❒ Unable (you cannot do this activity or someone else helps you with it)

12. Do you have any difficulty with pushing and pulling activities?

- ❒ No difficulty (and you can easily perform the activity)
- ❒ Some difficulty (but you can still perform the activity well enough)
- ❒ A lot of difficulty (but you can still do the activity)
- ❒ Unable (you cannot do this activity or someone else helps you with it)

13. Do you have any difficulty with gripping, grasping, holding and manipulating objects with your hands?

- ❒ No difficulty (and you can easily perform the activity)
- ❒ Some difficulty (but you can still perform the activity well enough)
- ❒ A lot of difficulty (but you can still do the activity)
- ❒ Unable (you cannot do this activity or someone else helps you with it)

14. Do you have any difficulty with repetitive motions such as typing on a computer?

- ❒ No difficulty (and you can easily perform the activity)
- ❒ Some difficulty (but you can still perform the activity well enough)
- ❒ A lot of difficulty (but you can still do the activity)
- ❒ Unable (you cannot do this activity or someone else helps you with it)

15. Do you have any difficulty with forceful activities with your arms and hands?

- ❒ No difficulty (and you can easily perform the activity)
- ❒ Some difficulty (but you can still perform the activity well enough)
- ❒ A lot of difficulty (but you can still do the activity)
- ❒ Unable (you cannot do this activity or someone else helps you with it)

16. Do you have any difficulty with kneeling, bending or squatting?

- ❒ No difficulty (and you can easily perform the activity)
- ❒ Some difficulty (but you can still perform the activity well enough)
- ❒ A lot of difficulty (but you can still do the activity)
- ❒ Unable (you cannot do this activity or someone else helps you with it)

17. Do you have any difficulty with sleeping?

- ❒ I have no trouble sleeping because of my injury and discomfort.
- ❒ My sleep is slightly disturbed (less than 1 hour sleepless) since my injury
- ❒ My sleep is mildly disturbed (1-2 hours sleepless) since my injury
- ❒ My sleep is moderately disturbed (2-3 hours sleepless) since my injury
- ❒ My sleep is greatly disturbed (3-5 hours sleepless) since my injury
- ❒ My sleep is completely disturbed (5-7 hours sleepless) since my injury

18. In regards to sexual activity since and because of your injury?

- ❒ It is not a problem and there has not been a change because of my injury
- ❒ It is a little less frequent because of my injury
- ❒ It is much less frequent because of my injury
- ❒ No sexual functioning because of my injury

19. In regards to your pain <u>at the moment</u>?

- ❒ I have no pain at the moment
- ❒ My pain is mild at the moment
- ❒ My pain is moderate at the moment
- ❒ My pain is severe at the moment
- ❒ My pain is the worst imaginable at the moment

20. In regards to your pain <u>most of the moment</u>?

- ❒ I have no pain most of the time
- ❒ My pain is very mild most of the time
- ❒ My pain is moderate most of the time
- ❒ My pain is fairly severe most of the time
- ❒ My pain is the worst imaginable most of the time

21. How much do your injury and/or pain interfere with your ability to travel?

- ❒ None
- ❒ Some or a little of the time
- ❒ A lot or most of the time
- ❒ All of the time – I can't travel

22. How much do your injury and/or pain interfere with your ability to engage in social activities?

- ❒ None
- ❒ Some or a little of the time
- ❒ A lot or most of the time
- ❒ All of the time – I can't engage in social activities

23. How much do your injury and/or pain interfere with your ability to engage in recreational activities?

- ❒ None
- ❒ Some or a little of the time
- ❒ A lot or most of the time
- ❒ All of the time – I can't engage in recreational activities

24. How much do your injury and/or pain interfere with concentrating or thinking?

- ❒ None
- ❒ Some or a little of the time
- ❒ A lot or most of the time
- ❒ All of the time – I can't concentrate or think very clearly

25. How much has your injury and/or pain caused emotional distress with depression or anxiety?

- ❒ None (no depression or anxiety from the injury or discomfort)
- ❒ Some or a little of the time (mild depression or anxiety from the injury or discomfort)
- ❒ A lot or most of the time (moderate depression or anxiety from the injury or discomfort)
- ❒ All of the time (severe depression or anxiety from the injury or discomfort)

Work & Functional Capacity Activity Estimation Summary

Please complete based on your estimate of your capacity at the current time

ACTIVITY (Hours per Day)	NEVER 0 hours	SOME <1 hour	OCCASIONALLY 1-3 hours	FREQUENTLY 3-6 hours	CONSTANTLY 6-8+ hours
Repetitive neck motions					
Static neck posturing					
Bending / Twisting (waist)					
Squatting & kneeling					
Sitting					
Standing					
Walking					
Climbing stairs					
Climbing ladders					
Walking over uneven ground					
Working at heights					
Working around moving machinery					
Repetitive use of upper extremity (right)					
Repetitive use of upper extremity (left)					
Grasping / Gripping (right hand)					
Grasping / Gripping (left hand)					
Forceful use of upper extremity (right)					
Forceful use of upper extremity (left)					
Fine manipulation (right hand)					
Fine manipulation (left hand)					
Pushing & Pulling (right) - in pounds					
Pushing & Pulling (left) - in pounds					
Reaching (at shoulder level)					
Reaching (above shoulder level)					
Lifting / Carrying - in pounds					