

WORKERS COMPENSATION INFO SHEET  
PLEASE COMPLETE AND RETURN TO DUBOIS PT ASAP

PATIENT NAME: \_\_\_\_\_ SS# \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

PHONE: \_\_\_\_\_

DATE OF ACCIDENT: \_\_\_\_/\_\_\_\_/\_\_\_\_ LAWYER YES \_\_\_ NO \_\_\_

ALL BODY PARTS CLAIMED FOR THIS DOI \_\_\_\_\_  
\_\_\_\_\_

DID YOU HAVE A SURGERY ON THIS BODY PART? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES

WHEN? \_\_\_\_\_ CARRIER CASE # \_\_\_\_\_

WCB # \_\_\_\_\_ OR CARRIER ID # \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

ADDRESS OF EMPLOYER \_\_\_\_\_

CARRIER: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_/\_\_\_\_/\_\_\_\_ WAS INJURY REPORTED: YES \_\_\_\_\_ NO \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ AND EXT: \_\_\_\_\_

**\*\*VERY IMPORTANT TO ANSWER ALL QUESTIONS PLEASE\*\***

HAVE YOU HAD PHYSICAL THERAPY BEFORE FOR THIS BODY PART? :  
WHERE AND WHEN \_\_\_\_\_

INJURED IN WHAT (CITY/TOWN) \_\_\_\_\_

WHAT WAS YOUR (JOB TITLE) \_\_\_\_\_

USUAL WORK ACTIVITIES ON DAY OF INJURY \_\_\_\_\_  
\_\_\_\_\_