WNY Rehab Medicine & Pain Mgmt
Su Zhan, MD, PhD
100 Union Rd
West Seneca, NY 14224

PHONE (716) 677-2700 FAX (716) 677-2733

NAME ______________________________ M F

ADDRESS ______________________________

CITY ______________________ STATE __________ ZIP ______

PHONE ______________________ DOB ______________________

SOCIAL SECURITY ______________________________

WORKER'S COMP CLAIM INFORMATION

DATE OF INJURY ______________

INJURY BODY PART(S) ______________________________

SPECIFY JOB TITLE AT TIME OF INJURY ______________________

AT TIME OF INJURY WHAT WERE YOU DOING ______________________

____

NAME OF EMPLOYER ______________________________

ADDRESS ______________________________

CITY ______________________ STATE __________ ZIP __________

NAME OF ATTORNEY ______________________________
PHONE

INSURANCE CARRIER ______________________________

CLAIM NUMBER ______________________________

ADJUSTER'S NAME ______________________________

PHONE ______________________________

ADDRESS ______________________________

CITY ______________________ STATE __________ ZIP __________

WNY REHAB MEDICINE & PAIN MGMT

100 UNION RD.WEST SENECA, NY 14224

PHONE: 716-677-2700 FAX: 716-677-2733

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 activites, knitting, computer use, etc...)

Actiivity: ______________________   frequency ______________
______________________   ______________
______________________   ______________