OSNC Orthopaedic Specialists of North County

**Oceanside Office:** 3905 Waring Road, Oceanside, CA 92056
**Carlsbad Office:** 6121 Paseo Del Norte, Ste. 200, Carlsbad, CA 92011
**Vista Office:** 1958 Via Centre Drive, Vista, CA 92081

**Ph: 760-724-9000 Fax: 760-724-3686 | www.orthonorthcounty.com**



# Spine Clinic / Initial Evaluation for INJURED WORKER

**Name:** _____ **Chart:** _____ **Date:** _____

**Referring doctor:** _____ **Auth#**_____

1. Your current occupation: _____
2. Your direct supervisor's name / phone: _____
3. Hours worked per week: _____ Days per week: _____
4. What are the physical demands of your current occupation? _____
5. What tools or machinery do you routinely use? _____
6. Estimated weight that you life during your shift?_____lbs
7. Days per week you life this weight: _____
8. Estimate of the amount of weight you life with co-workers during shift: _____lbs
9. How many times per day do you life this amount? _____
10. What was your occupation at the time of your injury? _____
11. Who was your employer at the time of your injury? _____
12. How long had you worked there at the time of your injury? _____
13. How long have you been in this line of work? _____
14. Were you working anywhere else at the same time? _____yes _____no

    If yes, where did you work and what were your duties: _____

    If yes, how long did you work at both places?_____

Are you still working a tboth places? _____yes _____no

Are you still working at your 2nd job? _____yes _____no

15. List places of employment for the past 10 years:

    Employer:_____Employer: _____

    Employer:_____Employer: _____

    Employer:_____Employer: _____

    Employer:_____Employer: _____

    Employer:_____Employer: _____

16. Specific date of your injury? _____If no date, when did you have problems? _____
17. Tell in your own words what happened and when you began to feel problems: _____
18. Did you continue to work after your injury? _____yes _____no

OSNC Orthopaedic Specialists of North County

**Oceanside Office:** 3905 Waring Road, Oceanside, CA 92056
**Carlsbad Office:** 6121 Paseo Del Norte, Ste. 200, Carlsbad, CA 92011
**Vista Office:** 1958 Via Centre Drive, Vista, CA 92081
**Ph: 760-724-9000 Fax: 760-724-3686 | www.orthonorthcounty.com**



**Name:** _____ **Chart:** _____ **Date:** _____

19. When did you report the injury?
20. List the body areas that were injured:
21. Had you ever injured this body area before the recent date of injury? ☐ yes ☐ no
22. Have you ever had disability in this body area that was not work-related? ☐ yes ☐ no
23. Have you been released from care by any physician? ☐ yes ☐ no
24. Did you return to any type of work? ☐ yes ☐ no
25. Are you currently working for the same employer ☐ yes ☐ no
26. If you did not return to work when you were released from medical care, explain reason:

_____

_____

27. When did you last work? _____
28. List all dates that you did not work:

From_____ To _____ From_____ To _____

From_____ To _____ From_____ To _____

29. List all dates that you performed light duty:

From_____ To _____ From_____ To _____

From_____ To _____ From_____ To _____

30. When did you return to regular duty? _____
31. Since this recent injury, have you had any other injuries? ☐ yes ☐ no
32. Many people recovering from a work-related injury have concerns. Please check any that apply to you.

☐ Won't be able to return to your usual job
☐ Will not enjoy your current job
☐ Will be re-injured if you return to your usual job
☐ Will need vocational training to return to a new job
☐ Will not be able to return to any job
☐ Have conflicts with someone at current job
☐ Interactions with insurance co. or employer
☐ Recovery will take a long time
☐ Financial distress during recovery
☐ Will need an attorney to assist in your case
☐ How age and general health will affect your recovery
☐ Participating in a physical rehabilitation program
☐ Feelings of depression, frustration, anger, fear, anxiety
☐ Use of tobacco, alcohol, or caffeine
☐ Pain medications you are taking
☐ Substance abuse in the past or present
☐ Lack of information about workers' compensation
☐ Conflict with someone in your home