

## MEDICAL TREATMENT WORKSHEET

<b>Injuries resulting from accident</b>	<b>Type of pain</b> (sharp, dull, constant or intermittent)
<b>Name and address of ambulance company</b>	
<b>Name and address of emergency room</b>	
<b>Arrival and departure time</b>	
<b>Mode of transportation to emergency room/Mode of transportation home</b>	
<b>Treatment received at emergency room</b>	
<b>Medication</b>	
<b>Orthopedic appliances</b>	
<b>Condition for the remainder of the day after initial treatment</b>	
<b>Ability to sleep</b>	
<b>Condition the next morning</b>	
<b>Name, address, phone number and specialty of your family doctor</b>	

<b>Name, address, phone number and specialty of all doctors and therapists seen for your injury</b>	
<b>Mode of transportation</b>	
<b>Purpose of visit</b>	
<b>Referral source for each doctor or therapist</b>	
<b>Results of first doctor/therapist visit</b>	
<b>Results of subsequent visits</b>	
<b>Description of treatments and therapy</b>	
<b>Exercises</b>	
<b>Whirlpool</b>	
<b>Orthopedic appliances</b>	
<b>Dates of treatment for each doctor/therapist visit</b>	
<b>Medication</b>	
<b>Date of last medical treatment</b>	
<b>Pain when discharged</b>	
<b>Medical instruction upon discharge</b>	
<b>Pain since discharge</b>	
<b>Pain today</b>	

<b>Surgery</b>	
<b>Effect of accident on your normal daily activities</b>	
<b>Effect on household duties</b>	
<b>Effect on exercise/sports</b>	
<b>Effect on driving</b>	
<b>Effect on sleeping</b>	
<b>Effect on social activities</b>	
<b>Marital difficulties</b>	
<b>Emotional reaction to your injuries</b>	
<b>Your physical /emotional condition before the accident</b>	
<b>Prior/subsequent accidents</b>	
<b>Prior subsequent injuries</b>	
<b>Prior subsequent doctors</b>	
<b>Next scheduled day of work after the accident</b>	
<b>Work missed because of the accident</b>	
<b>Reason for missing work</b>	
<b>Effect of accident on ability to work after return to your job</b>	

<b>Work schedule before accident</b>	
<b>Work schedule after accident</b>	
<b>Average weekly wage before the accident</b>	
<b>Average weekly wage after the accident</b>	
<b>Name, address and phone number of supervisor</b>	