

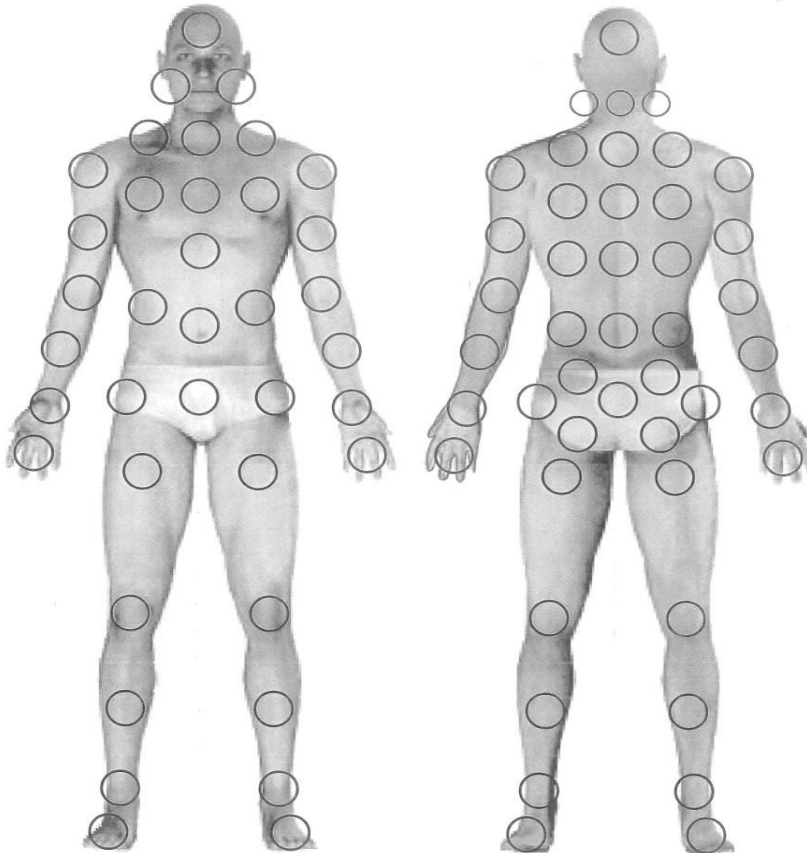
Frontier Chiropractic ■ 213 E. Fireweed Lane ■ Anchorage, AK 99503
Dr. Steven Henderson D.C.

Work Incident Form

Accident Date: _____

How did the injury occur?

Where are your symptoms?



Describe the discomfort?

- Dull
- Sharp
- Aching
- Burning
- Shooting
- Tightness/stiffness
- Tingling

- Numbness
- Nausea
- Palpitations
- Anxiety/panic
- Depression
- General malaise
- Fatigue

What is your level of discomfort?

1	2	3	4	5	6	7	8	9	10
No pain			Annoying				Severe		

Name: _____ Date: _____

Name of Employer: _____

The name of the employee it was reported to was: _____

The last day worked: _____

My current job status is: (please mark the appropriate response below)

Off work as a result of the injuries sustained in the reported work accident

Working full duty

Working light duty

Were you hospitalized? No Yes

If yes, please answer the following questions:

When were you hospitalized?

Immediately Later; same day

Next day Date _____

How were you transported to the hospital?

Ambulance Private transportation

Life flight

What did the hospital recommend?

No instructions See orthopedist

See own doctor See neurologist

See DC Prescription medication

Other: _____

Did you have any x-rays taken? No Yes

If yes, what areas? _____