

Matthew W. Bradley, M.D.
Worker's Compensation Patient

Are you currently employed? Y / N If yes, regular or limited duty? _____

If limited duties, describe limitation: _____

Last date of employment: _____

Description of regular job activities: _____

Regular job duties include	Continuous	Frequent	Occasional	Never
Lifting (wt range)	_____	_____	_____	_____
Bending/Squatting	_____	_____	_____	_____
Sitting	_____	_____	_____	_____
Driving	_____	_____	_____	_____

Please list prior physicians that have evaluated/treated you for this injury:

Please describe any treatment you have had for this injury:

Have you had surgery for this injury: Y / N

If yes, list type, date and surgeon: _____

Have you ever injured or had significant pain in this part of the body before the injury at work? _____ If so, please describe the previous injury/symptoms and indicate the date it happened: _____

Have you ever reported a work injury before? Y / N If so, have you been treated? Y / N Describe injuries, treatments, results, etc. in detail including dates: _____
