

SISK CHIROPRACTIC
WORK-RELATED ACCIDENT REPORT

NAME: _____

ACCIDENT DATE: _____

TIME: _____

LOCATION: _____

Describe accident in detail: _____

Describe your symptoms in detail: _____

DID YOU REPORT THIS TO YOUR EMPLOYER? ☐ YES ☐ NO

IS THIS INJURY WORK-RELATED? ☐ YES ☐ NO

Does your employer have a list of at least 6 geographically accessible health care providers prominently posted at work?

☐ YES ☐ NO

IS THERE A CHIROPRACTOR ON THIS LIST? ☐ YES ☐ NO ☐ UNKNOWN

WERE YOU GIVEN A PERSONAL NOTICE OF THE LIST BEFORE YOU EVER HAD A WORK-RELATED INJURY?

☐ YES ☐ NO

EMPLOYER'S PHONENUMBER: _____

EMPLOYER'S ADDRESS: _____

SIGNATURE: _____ **DATE:** _____

WORKMAN'S COMPENSATION EXPLANATION

TO OUR PATIENTS:

Because you have just suffered a work-related injury, we would like for you to understand how your case will be handled in our office. The first thing that you need to know is that the insurance carrier for your employer is financially responsible ONLY for treatment of your physical condition which is a result of employment-related incident. Your workers' compensation insurance will pay for treatment which restores your health to a pre-injury status.

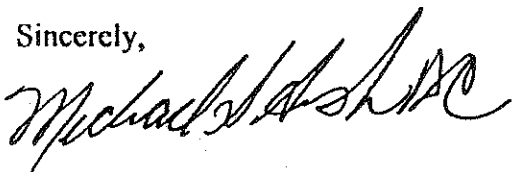
You may be experiencing symptoms or problems that you suffered prior to your injury, and these may be contributing to your injury, so a judgment will be made as to what extend these factors have on your present injury. We will advise your workers' compensation insurance carrier as to the apportionment of these factors.

It is very important for you to follow my orders and keep your scheduled appointments. The Workers' Compensation Law requires that if you do not receive the care that is necessary for your case your workers' compensation benefits must be discontinued and your case closed. It is also very important to notify your employer and this office of any re-injury or aggravations during your course of treatment.

When your condition has reached the point of pre-injury status, we will notify you.

We thank you warmly for the opportunity to serve you and welcome any questions that you may have concerning your case.

Sincerely,



Dr. Michael Sisk, D.C.

I have read and understand the above policy.

Patient's Signature

Date