

Gentle Care Chiropractic, LLC

21860 Willamette Dr., West Linn, OR 97068 503-650-2394

Work Related Injury Information

Patient Last Name _____

Date _____

IF YOUR INJURY WAS DUE TO LIFTING

From where were you lifting an object?

- Ground level A surface below ground level
 A surface 1 to 3 feet high A surface 3 to 5 feet high A surface above 5 feet

How many pounds was the object you were lifting?

- 1 to 5 5 to 10 10 to 20 20 to 40 40 to 60 Over 60

What position were you in while lifting the object?

- Twisted to the left Twisted to the right Bent over at the waist Back was upright/straight

What type of pain did you feel directly after the injury?

- Sharp pain Dull pain Popping feeling Gripping pain Aches Paralysis

IF YOUR INJURY WAS DUE TO FALLING

From where did you fall at work?

- Onto the ground while walking Onto the ground while running From 1 to 3 feet high
 From 3 to 5 feet high From 5 to 8 feet high From over 8 feet

What part of your body did you land on?

- Head Neck Left shoulder Right shoulder Left arm Right arm
 Back Tail bone Left buttock Right buttock Left hand Right hand
 Left hip Right hip Left leg Right leg Left knee Right knee
 Left foot Right foot

What other areas of your body were effected by the fall?

- Head Neck Left shoulder Right shoulder Left arm Right arm
 Back Tail bone Left buttock Right buttock Left hand Right hand
 Left hip Right hip Left leg Right leg Left knee Right knee
 Left foot Right foot

JOB ANALYSIS INFORMATION

What regular activities did you perform at work?

- Sitting Standing Walking Running Driving Lifting
 Bending Squatting Crawling Climbing Crouching Kneeling
 Pushing/pulling Maintain awkward position

How much do you regularly lift at your job?

- Little to none 1 to 10 pounds 10 to 20 pounds
 20 to 40 pounds 40 to 60 pounds Over 60 pounds

Do you regularly bend over while lifting? Yes No

Are your hands subject to any of the below repetitive moves?

- Light grasping (left hand) Light grasping (right hand) Light grasping (both hands)
 Firm grasping (left hand) Firm grasping (right hand) Firm grasping (both hands)
 Typing Using a computer mouse

How many hours do you regularly perform the following activities?

- Sitting: 1-2 hours 2-4 hours 4-6 hours 6-8 hours
Standing: 1-2 2-4 4-6 6-8
Walking: 1-2 2-4 4-6 6-8
Lifting: 1-2 2-4 4-6 6-8

