

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

### CAUSATION AND PAST TREATMENT

#### HOW WERE YOU INJURED? (SELECT ALL THAT APPLY)

- |                        |                          |                                  |                          |                                   |                          |
|------------------------|--------------------------|----------------------------------|--------------------------|-----------------------------------|--------------------------|
| No Specific injury     | <input type="checkbox"/> | Tripping/Falling                 | <input type="checkbox"/> | Falling down stairs               | <input type="checkbox"/> |
| Work related injury    | <input type="checkbox"/> | Falling from Height              | <input type="checkbox"/> | Lifting Injury                    | <input type="checkbox"/> |
| Automobile Accident    | <input type="checkbox"/> | Slipping/Falling                 | <input type="checkbox"/> | Twisting Injury                   | <input type="checkbox"/> |
| Being Hit by an object | <input type="checkbox"/> | Hit Head w/ Losing Consciousness | <input type="checkbox"/> | Hit Head w/o Losing Consciousness | <input type="checkbox"/> |

OTHER: \_\_\_\_\_

#### WHAT TYPES OF TREATMENT HAVE YOU RECEIVED? (SELECT ALL THAT APPLY)

- |                             |                          |                   |                          |
|-----------------------------|--------------------------|-------------------|--------------------------|
| Trigger point injections    | <input type="checkbox"/> | Physical Therapy  | <input type="checkbox"/> |
| Epidural steroid injections | <input type="checkbox"/> | Chiropractic care | <input type="checkbox"/> |
| Nerve blocks                | <input type="checkbox"/> | Cervical collar   | <input type="checkbox"/> |
| Lumbar corset/brace         | <input type="checkbox"/> | Extremity Brace   | <input type="checkbox"/> |

I have not been treated for this condition

OTHER: \_\_\_\_\_

Are you involved in any litigation/lawsuit related to your injuries? YES  NO