

AMB Medical Services PC
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Ridgewood, NY 11385

AMB Medical Services PC
1 Kings Highway,
Hauppauge, NY 11788

AMB Medical Services, PC
68 23 Fresh Pond Road
Ridgewood, NY 11385

Orthopedic Worker's Compensation Injury Form

Patient name: _____ Date of birth: _____ Age: _____

Date of Injury: _____ Place of Injury: _____

Was accident reported to employer?: _____

What was your job at the time of an injury?: _____

Please give full description of the injury: _____

Have you lost time from work?: _____ If yes, how much?: _____

Name of other doctors seen you for this conditions: _____

Were X-Rays taken?: _____ Were any other tests taken?: _____

Please list name of the test, who performed it and results: _____

Do you have any current work restrictions imposed by a physician?: _____

If so, please describe: _____

Have you ever had similar problems in the past?: ___ If yes, please explain: _____

Have you ever had prior work related injury?: ___ If yes, please explain: _____

Have you ever had any prior significant disabilities or injuries?: _____

Where is pain located?: _____ How does it feel like?: _____

How much of the time you have pain?:

- Constant Nearly constant (50 - 80% of the time)
 Intermittent (25 to 49% of time) Occasional (25% of the time)

What makes it worse?: _____

What makes it better?: _____

Rate average intensity of the pain from 0 (no pain) to 10 (excruciating pain): _____

What tasks are most difficult for you?: _____

Are you having any other problems at this time?: _____

Please provide us with any other information you think might be helpful: _____

Signature: _____ Date: _____