



## Accident Investigation Form

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Employer: \_\_\_\_\_ Date/Time of Injury: \_\_\_\_\_

### **Incident Information:**

Patient's description of incident (give details regarding location, circumstances, equipment involved, etc): \_\_\_\_\_

Was the pain Immediate? Yes \_\_\_\_\_ No \_\_\_\_\_ If 'No' please explain: \_\_\_\_\_

Any history of a previous injury to the affected body part? \_\_\_\_\_

Where is your discomfort? \_\_\_\_\_

What kinds of activities do you participate in outside of work (hobbies, sports, 2<sup>nd</sup> job, etc)? \_\_\_\_\_

Comments: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_