Frontier Chiropractic ■ 213 E. Fireweed Lane ■ Anchorage, AK 99503
Dr. Steven Henderson D.C.

Work Incident Form

Accident Date: ____________________________

How did the injury occur?

________________________________________________________________________________________

Where are your symptoms?

________________________________________________________________________________________

Describe the discomfort?

[ ] Dull
[ ] Sharp
[ ] Aching
[ ] Burning
[ ] Shooting
[ ] Tightness/stiffness
[ ] Tingling

[ ] Numbness
[ ] Nausea
[ ] Palpitations
[ ] Anxiety/panic
[ ] Depression
[ ] General malaise
[ ] Fatigue

What is your level of discomfort? 1 2 3 4 5 6 7 8 9 10

No pain  Annoying Severe
Name of Employer: __________________________________________

The name of the employee it was reported to was: __________________________________________

The last day worked: __________________________________________

My current job status is: (please mark the appropriate response below)

☐ Off work as a result of the injuries sustained in the reported work accident
☐ Working full duty
☐ Working light duty

Were you hospitalized?  ☐ No  ☐ Yes

*If yes, please answer the following questions:*

When were you hospitalized?

☐ Immediately  ☐ Later; same day
☐ Next day  ☐ Date __________

How were you transported to the hospital?

☐ Ambulance  ☐ Private transportation
☐ Life flight

What did the hospital recommend?

☐ No instructions  ☐ See orthopedist
☐ See own doctor  ☐ See neurologist
☐ See DC  ☐ Prescription medication
☐ Other: __________________________

Did you have any x-rays taken?  ☐ No  ☐ Yes

*If yes, what areas? __________________________*