



WORKERS' COMPENSATION INSURANCE QUESTIONNAIRE

1. Have you attended physical therapy for this Workers Comp claim prior to today? **YES** **NO**
 - a. If yes, when did you last receive physical therapy treatment? _____
2. Have you or do you still see a chiropractor for this condition? **YES** **NO**
3. Have you received a negative Independent Medical Examination (IME) for physical therapy treatment of the condition that you are seeking treatment for today? **YES** **NO**

COMPLIANCE is KEY to your recovery

To receive the best care; it is recommended that you schedule as per your doctor's orders and/or Workers' Compensation Guidelines that are set by New York State Workers' Compensation Board. For ease of scheduling, we suggest that you schedule out 3 VISITS PER WEEK For the entire duration of recommended treatment plan or as per your doctor's orders.

I understand that starting or continuing chiropractic treatment while attempting physical therapy may not be covered by WC benefits. I will notify my physical therapist if I am seeing a chiropractor.

Do you have an attorney representing you for this WC case? **YES** **NO**

If so, what is his/her name and phone number? _____

I have read and understood the information in this questionnaire. I have answered all questions to the best of my abilities and truthfully.

Name of patient: _____

Signature of patient: _____ Date: _____