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Milwaukee, WI 53215
Phone: 414-384-6700
Fax: 414-645-9690

3111 W. Rawson Ave.
Franklin, WI 53132
Phone: 414-384-6700
Fax: 414-761-1921

9969 South 27th St.
Franklin, WI 53132
Phone: 414-384-6700
Fax: 414-856-2935

3077 N. Mayfair Rd.
Wauwatosa, WI 53222
Phone: 414-384-6700
Fax: 414-727-0149



PATIENT INFORMATION FORM-WORKERS COMPENSATION

LAST NAME: _____ FIRST NAME: _____ MI: ____ DOB: __/__/__

GENDER: MALE FEMALE

EMPLOYER: _____ CONTACT PERSON: _____

EMPLOYER ADDRESS: _____

EMPLOYERS PHONE NUMBER: _____ OCCUPATION: _____

WORKMAN'S COMP. INSURANCE CO.: _____ ADJUSTER NAME: _____

WORK COMP CARRIER ADDRESS: _____

CLAIM NUMBER (IF AVAILABLE): _____ ADJUSTER PHONE #: _____

DATE OF INJURY: __/__/__ WAS TIME LOST FROM WORK? NO YES

IF YES, LAST DATE WORKED: __/__/__

DESCRIBE INJURY AND SITUATION WHERE/HOW IT OCCURRED: _____

BODY LOCATION OF INJURY: _____

DID YOU REPORT THIS INJURY TO YOUR EMPLOYER? YES NO

DID YOU OBTAIN TREATMENT ELSEWHERE FOR THIS INJURY? YES NO IF YES, WHERE? _____

SIGNATURE: _____ DATE: __/__/__

FOR STAFF USE:

CHART NUMBER: _____ PROVIDER: _____