

Balanced Body

CHIROPRACTIC MN, P.A.

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Work Injury Questionnaire

Date of injury: _____

Time of injury: _____

Did you report this injury to your employer? Yes No

What caused the injury? _____

Describe in your own words what happened? _____

What is your major complaint? _____

Do you have any secondary complaints as a result of this accident? _____

Have you missed work due to this injury? Yes No How many days? _____

Describe your job duties: _____

Additional information: _____
