

SLIP AND FALL

First Name _____ Last Name _____

1) Date of Incident ____/____/____ Time ____:____ A.M./ P.M.

2) Address of Occurrence _____

3) In your own words, please describe the incident (where, how you landed, and on what)

4) Were you taken to an Emergency Room? (Y/N) If yes, which one? :
St. Mary's / Waterbury/Other _____

a. Were you taken by ambulance / spouse / friend?

b. If you went to the Emergency Room, when did you go?
(from the scene/ later same day/ next day/ other _____)

5) What treatment did you received? X-rays _____ CT Scan _____
MRI _____ medication _____

6) Have you seen any other doctors for this condition? (Y/N)
Who? _____ If yes, what treatment did they provide?
Medication _____ X-ray _____

7) Have you lost any time from work as a result of the injury? Yes ___ No ___
Place of employment _____
Type of work _____

8) What was injured? _____

9) What area is giving you the most pain? _____

10) Have you ever had any previous injuries to your neck or back? (Y / N)
IF YES: a) When? _____ b) Did you receive any treatment? (Y / N)
Where? _____

Patient's Signature _____ Date _____