

Progressive Injury Questionnaire

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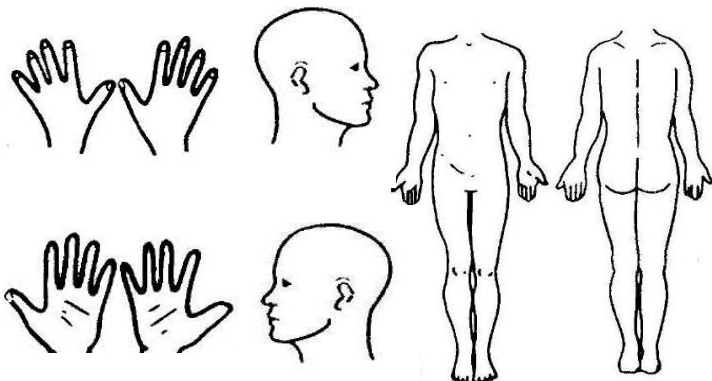
WORKER INFORMATION – Please Print

Last Name:	First Name and Initial:	Case #:
Employer:		Date of Birth:

WORK RELATEDNESS

Job title:	Are you off work due to this injury? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe your typical work day (attach job description if available)	
When do you get breaks?	How long are they?
What areas of work do you feel may have caused or increased your symptoms?	
How long have you been doing this type of job?	
When did you first notice your symptoms?	
Were there any changes at work that may have increased your symptoms?	

SYMPTOM MANAGEMENT

<p>Which of the following do you have?</p> <p><input type="checkbox"/> Aching</p> <p><input type="checkbox"/> Numbness</p> <p><input type="checkbox"/> Weakness</p> <p><input type="checkbox"/> Pain</p> <p><input type="checkbox"/> Swelling</p> <p><input type="checkbox"/> Night Pain</p>	<p>Mark area(s) affected:</p> 
<p>Are you right or left handed? <input type="checkbox"/> Right <input type="checkbox"/> Left</p>	

Worker Name:	Case #:
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What treatment have you had so far? <i>(include splints, tests, etc.)</i>		
Doctor/Therapist	Date	Type of treatment

Do any of the following presently apply to you? *(Check all that apply)*

Pregnancy Diabetes Underactive Thyroid Other (describe)
 Smoker Heart Condition Overactive Thyroid

What medications are you currently taking?

Have you ever had similar problems in this same area of your body? Explain what and when.

List all hobbies, sports and recreational activities that you have done in the past year.

Have any changes been made to your work area? Yes No Did it increase your comfort? Yes No *Please explain:*

Additional comments

Have you attached additional pages? Yes No If yes, number of pages: _____

Please print your name and case# on the top of each page

DECLARATION

I declare that the information on this form is true and correct.

Date: _____ Name (print): _____ Signature: _____

Phone: _____ Cell: _____ Fax: _____ Email: _____

If we need to obtain further information, what is the best time to reach you? _____

Thank you for the careful completion of this form