Carolina Rehabilitation Consultants

INTAKE INFORMATION:

REFERRING ATTORNEY: _____

DATE OF VOCATIONAL EVALUATION: _____ TIME: _____

LOCATION: _____

CLIENT NAME: _____

SSN: _____

DOB: _____ AGE: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

EMAIL: _____

HOME#: _____ CELL#: _____

EMERGENCY#: _____

INJURY:

DATE OF ACCIDENT: _____

BODY PART(S) INJURED: _____

BODY PART(S) AFFECTED: _____

DATE ACCIDENT REPORTED: _____

DESCRIPTION OF ACCIDENT: _____
_____
_____
_____

LIST ALL MEDICAL TREATMENT RECEIVED: *(ER VISITS; DOCTORS; SPECIALISTS; PHYSICAL THERAPISTS; COUNSELORS; FAMILY DOCTOR; DIAGNOSTIC TESTING, ETC)*

PROVIDER	DATE	DESCRIPTION

PREVIOUS MEDICAL HISTORY:

CONDITIONS/INJURIES	DATE	DESCRIPTION

EMPLOYMENT HISTORY:

EMPLOYER AT TIME OF ACCIDENT: _____

DATE EMPLOYED/LENGTH OF TIME: _____

JOB TITLE:
_____

JOB DUTIES: _____

FULL TIME OR PART TIME: _____

HOURS PER WEEK: _____

PAY RATE PER HOUR: _____ PAY RATE PER WEEK:
_____

CURRENT WORK STATUS: _____

DATE RETURNED TO WORK: **_____**

SAME EMPLOYER?
LIGHT DUTY?
FULL DUTY?

LIST ALL PREVIOUS EMPLOYERS, DATES/TIMES OF EMPLOYMENT, JOB TITLE(S), RATE OF PAY, AND JOB RESPONSIBILITIES:

PREVIOUS EMPLOYER(S) AND RATE OF PAY	DATES OF EMPLOYMENT	TYPE OF WORK & RESPONSIBILITIES

EDUCATIONAL BACKGROUND:

SCHOOL/COLLEGE ATTENDED:	DEGREE/CERTIFCATIONS PURSUED/OBTAINED:	DATES OF ATTENDANCE:	OTHER TRAINING OR CERTIFICATIONS RECEIVED:

LIST ANY PRIOR LAWSUITS/CRIMINAL RECORD, ARRESTS AND CONVICTIONS:

_____

_____

LIST ANY ALCOHOL & DRUG TREATMENT/COUNSELING:

_____

_____

MEDICARE/SOCIAL SECURITY BENEFITS

HAVE YOU APPLIED FOR MEDICARE BENEFITS? _____ DATE APPLIED?_____

ARE YOU RECEIVING MEDICARE BENEFITS? _____DATE RECEIVED?_____

HAVE YOU APPLIED FOR SS BENEFITS?_____ DATE RECEIVED? _____

ARE YOU RECEIVING SS BENEFITS? _____ DATE RECEIVED? _____

RECEIVING ANY OTHER BENEFITS? Y/N
DESCRIBE:

_____

_____

PERSONAL INFORMATION

MARITAL STATUS: _____

SPOUSE NAME: **_____**

SPOUSE PHONE: _____

CHILDREN: _____

HOBBIES (PRE-ACCIDENT):

_____

_____

ADDITIONAL INFORMATION YOU WOULD LIKE TO SHARE: