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PATIENT GENERAL HISTORY FORM (W/C)

***Please answer EVERY question (IMPORTANT Ones Starred)**

Name: _____ Age Today: _____ Today's Date: _____

Male () Female () Date of Birth: _____ *Height: _____ *Weight: _____

History Taken By (if not patient): _____ Interpreter: _____

***ARE YOU RIGHT-handed: ()? LEFT-Handed: ()? Ambidextrous: ()?**

The following questions refer to your job status at the time of your injury.

Who was your employer at the time of the injury? _____

Date of Injury _____ What Time Was It? _____ Your Job Title _____

When did you first start working for this employer? _____

Describe your job duties at the time of your injury. _____

What body parts were injured? _____

Describe exactly how the injury happened. _____

What medical treatment have you received since the date of injury? Please list all doctors or other caregivers, including any therapy or diagnostic studies (X-rays, MRI, etc.) _____

Did you keep working after the injury? ___ Regular duty or modified? (List the modifications).

If you missed time from work due to this injury, list all the dates you missed work. _____

Do you have the same job now (today)? ___ If not, where are you working? _____
