VANDER WEIT CHIROPRACTIC WELLNESS CENTER
314 W. ROLLINS RD., STE. A

ROUND LAKE BEACH, IL 60073

847-546-4220

Dr. Daniel M. Vander Weit

WORKER'S COMPENSATION FORM

"VITAL" - THIS FORM MUST BE FILLED OUT COMPLETELY BEFORE CLAIM CAN BE MADE!

Name ____ Address____

City ____ Age ________ Sex ________ Single ________ Married ______________

E-Mail Address____

1. Today's date _______________________
2. Employer's name and address____
3. Is your injury covered by insurance? ____________________ If so, who?____
4. Have you retained and attorney? ______________________ If so, Name and address_____________________________________

   ____
5. What was the date and time of accident?____

   Did you see the company doctor?____
6. Where were you taken after the accident?____
7. What treatment did you receive?____
8. Did you consult another doctor? ________________________ If so, who?____
9. How long did your receive care from other doctor?____
10. Where did you feel pain?____
11. Have you ever injured this area before?___________________ If so, when?____
12. Have you had other diseases or accidents that effected your employment?____

    What and When?____
13. Did you report injury to company or foreman?____
14. Did you receive any cuts or impairments to movement from accident?____

    If so, where?____
15. Have you ever had any surgeries? ________________ If so, what?____
16. Before the injury, were you capable of working on an equal basis with others your age?_____________________________________
17. How long have you worked for your present employer?____
18. Are presently working? __________ Are you presently on disability?____
19. If you are on disability, when was the last day of work?____
20. Please explain in detail how and where the accident took place:____

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AGREEMENT TO PAY IN THE EVENT THAT COMPENSATION IS DENIED: In the event that I fail to prosecute the claim for worker's compensation for this illness or condition, or it is determined that the illness or condition is not a result of compensable workers' compensation case. I hereby agree to pay this office's usual and customary fees for services rendered to me.

Date _________________________ Signature____(SEAL) MR#________________