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## Workers Compensation Injury Occupational History

**PATIENT NAME:** \_\_\_\_\_

*For all Workers' Compensation related injuries, a complete work history is necessary to accurately document your work injury. Please complete this form as accurately as possible.*

### **Present Occupation**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

Length of Employment: \_\_\_\_\_ years      Dates from \_\_\_\_\_ to \_\_\_\_\_

Job Title/Position: \_\_\_\_\_      Time at Position \_\_\_\_\_

Describe Job Tasks:  
\_\_\_\_\_  
\_\_\_\_\_

### **Prior Occupation (in the last 10 years)**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

Length of Employment: \_\_\_\_\_ years      Dates from \_\_\_\_\_ to \_\_\_\_\_

Job Title/Position: \_\_\_\_\_      Time at Position \_\_\_\_\_

Describe Job Tasks:  
\_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

Length of Employment: \_\_\_\_\_ years      Dates from \_\_\_\_\_ to \_\_\_\_\_

Job Title/Position: \_\_\_\_\_      Time at Position \_\_\_\_\_

Describe Job Tasks:  
\_\_\_\_\_  
\_\_\_\_\_

### **Recreational History**

When *Not* at work, please list the activities you perform frequently (i.e. sporting activities, knitting, computer use, etc...)

Activity: \_\_\_\_\_ frequency \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_