



5317 Limestone Road • Wilmington, DE 19808 • 302-239-1613

INITIAL INJURY INFORMATION

PRIMARY SYMPTOMS: _____

RATE SYMPTOM INTENSITY "MILD", "MODERATE", AND "SEVERE": _____

LIST ALL SYMPTOMS IMMEDIATELY POST INJURY: _____

LIST ALL OTHER ASSOCIATED SYMPTOMS PRIOR TO TODAY: _____

WHAT PHYSICAL DUTIES ARE REQUIRED FOR YOUR JOB? _____

WHAT REGULAR ACTIVITIES OF DAILY LIVING ARE AFFECTED BY THIS INJURY? _____

LIST ALL ADJUNCTIVE THERAPIES RECEIVED FOR THIS INJURY: _____

ANY OTHER INFORMATION _____

