

DR GREG BAIN
WORKCOVER
PATIENT INFORMATION SHEET

Name:

Date of Birth:

Occupation:

Employer:

1. Date and time of injury:

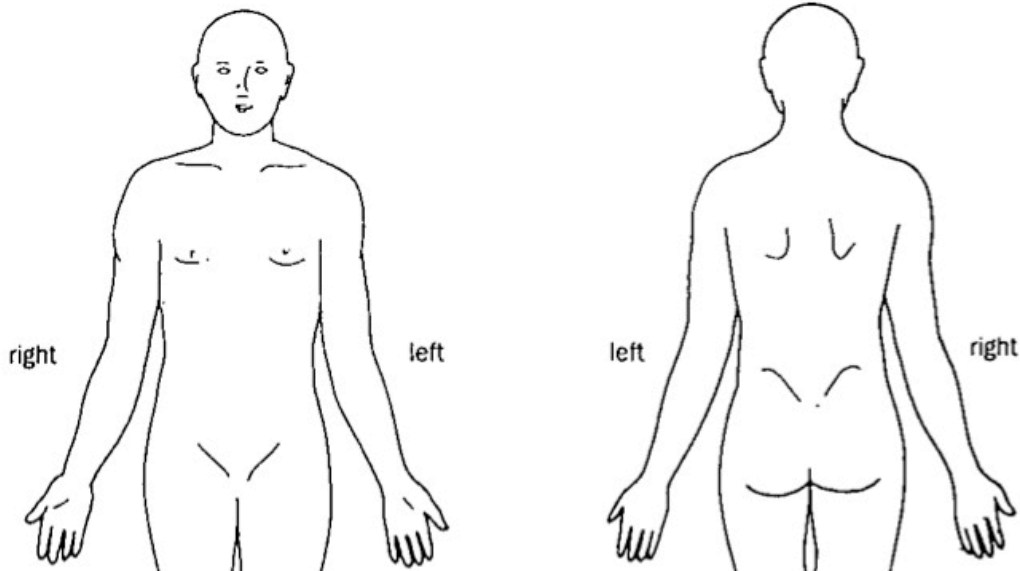
2. Where did the injury occur:

3. Brief description of the event:

4. What problems are you currently having:

5. Description of injury or injuries (please use diagram to indicate where you feel pain – please include ALL affected areas)

Please mark on the diagram the site of pain. Also mark your worst pain with an x



6. Treatment sought ie anti-inflammatory tablets, chiropractic care, physio, massage, injections, splints etc:

7. Names of other practitioners seen for this injury/injuries:

8. Investigations undertaken ie xrays, MRI, blood tests etc:

9. Impact on capacity to work:

10. Impact on daily activities ie home/sport/social life etc:

11. What are your current working hours:

12. What duties are you currently performing:

13. Is your claim accepted? YES NO UNSURE