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First Time Visit Form
Occupational Injury- Worker's Compensation Claim
Labor and Industries Insurance (L&I)
Self Insured Employer

Date: ____/____/____/
First Name: _____ Middle Initial: ____ Last Name: _____
Address: _____ City: _____ State: ____ Zip Code: _____
Home Phone: (____) _____ Cell Phone: (____) _____ Email: _____

Insurance Information

Name of Employer: _____ Telephone: (____) _____
Address: _____ City: _____ State: ____ Zip Code: _____
Labor & Industries Claim No: _____ Contact: _____ Telephone: _____
Name of provider if employer is self-insured: _____
Address: _____ City: _____ State: ____ Zip Code: _____
Telephone: (____) _____

Prescription Referral

Attending Physician: _____ Telephone: (____) _____
Address: _____ City: _____ State: ____ Zip Code: _____

Confidential Information

Date of Birth: ____/____/____ Emergency Contact: _____
Telephone: (____) _____ Relationship: _____

Is this your first professional massage? Yes No

Date of Injury: ____/____/____ How did your injury occur? _____

What conditions are you currently experiencing?

BACK

- Pain Middle Lower
- Stiffness Middle Lower
- Muscle spasms Middle Lower
- Pain between shoulder blades
- Pain from front to back
- Low back weakness
- Pinched nerve in low back

HANDS AND ARMS (Right, Left, Both)

- Pain in upper arm R L Both
- Pain in elbow R L Both
- Pain in forearm R L Both
- Pain in hand R L Both
- Pain in fingers R L Both
- Pins & needles in arm R L Both
- Pins & needles in fingers R L Both
- Numbness in arm R L Both
- Numbness in fingers R L Both
- Weakness of arm R L Both
- Weakness of hand R L Both
- Cold hands

NECK

- General pain
- Stiffness
- Weakness
- Pinched Nerve
- Neck feels out of place
- Muscle spasms
- Grinding/popping sounds

HIPS, LEGS & FEET (Right, Left, Both)

- Pain in buttocks R L Both
- Pain in hip joint R L Both
- Pain down leg R L Both
- Pain in knee R L Both
- Pain in ankle R L Both
- Pain in foot R L Both
- Weakness of leg R L Both
- Weakness of knee R L Both
- Leg cramps R L Both

Other Symptoms

Is the pain constant or does it come and go? Comes and goes Constant

Activities that are painful to perform: Sitting Walking Bending Lying Down Other

Describe the pain: Dull Sharp Achy Burning Throbbing Numb Tingling
 Other

At the moment the pain is: I have no pain Very Mild Moderate Fairly Severe
 Very Severe Unbearable

I am experiencing headaches: Rarely Most Of The Time

Describe what activities cause the pain and/or make it worse:

Does your condition interfere with your normal daily function? Yes No If yes, explain:

Please ✓ any of the following conditions that you are currently experiencing:

Arthritis Bursitis Carpal Tunnel Cramps Fibromyalgia Plantar Fasciitis Sciatica
 Tendonitis TMJ

Are you experiencing any of the following? Hernia Recent Bone Fracture Tumor

PLEASE READ AND SIGN

I _____ (please print) acknowledge that the above information is complete and accurate to the best of my knowledge. I agree to the release of information, if necessary, for medical and/or insurance purposes.

Signature: _____

Name: _____ Date: _____

Identify current symptomatic areas in your body by using the appropriate symbol for the condition and/or conditions you are currently experiencing.

- Circle any areas that are painful
- Place an X over areas where you are experiencing any stiffness**
- Draw squiggly lines in areas where you are experiencing tingling and/or numbness
- Note any scars, bruising or open wounds

Additional Comments:



