

Needham Family Chiropractic
Otto Todorov, DC, CCSP, ART provider
105 Chestnut Street, Suite 35, Needham, MA 02492
Phone: (781) 444-3772 Fax: (781) 444-7427
E-mail: ottochiropractor@msn.com

Name of the Patient: _____

Home Address: _____

Phone: _____

Workman's Compensation

Submission Date: _____

Date of Injury: _____

Location: _____

Describe Injury: _____

Did you report the accident to employer/supervisor? ___ Yes ___ No

Name and phone number of employer contact person: _____

CHECK SYMPTOMS YOU HAVE NOTICED SINCE ACCIDENT

Back Pain
 Buzzing Ears
 Chest Pain
 Cold Sweats
 Constipation
 Depression
 Diarrhea
 Dizziness
 Ears Ring
 Face Flushed
 Fainting Spells

Fatigue
 Feet Cold
 Hands Cold
 Head Seems Heavy
 Headache
 Irritability
 Light bothers eyes
 Loss of Balance
 Loss of Memory
 Loss of Smell
 Loss of Taste

Neck Pain
 Neck Stiff
 Nervousness
 Numb in Fingers
 Numb in Toes
 Pins/Needles
 Pins/Needles in Arms
 Shortness of Breath
 Sleeping Problems
 Stomach Upset
 Tension

Symptoms other than above: _____

Have you lost any days of work? ___ Yes ___ No Dates: _____

Is there an attorney representing you for your worker's compensation injury? ___ Yes ___ No

If yes, please provide Attorney's name and phone number: _____
