



# Griffin Hospital Occupational Medicine Center

10 Progress Drive, Shelton, CT 06484  
(203) 944-3718 (203) 929-3068 (fax)

## Initial Injury Report

Today's Date \_\_\_\_\_ Date of Injury \_\_\_\_\_ Time of Injury \_\_\_\_\_

Name \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Cell Phone \_\_\_\_\_ Contact \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail: \_\_\_\_\_ Contact Phone \_\_\_\_\_

Describe your current Job: \_\_\_\_\_

Please explain your injury: \_\_\_\_\_

\_\_\_\_\_

### Personal History

Do you have any medical problems? (List below) Y N Do you take any medicines? (List below) Y N

Have you ever had surgery? Y N Are you allergic to anything or any medicine? Y N  
What/when? \_\_\_\_\_ List: \_\_\_\_\_

Do you smoke? Y N How long have you worked for this employer? \_\_\_\_\_  
How much? \_\_\_\_\_ How long? \_\_\_\_\_ What is your current job title? \_\_\_\_\_

When was your last tetanus shot? \_\_\_\_\_ Do you have a second job? Yes / No If yes, what is it? \_\_\_\_\_

### Past Medical History/Review of Systems

Do you have any skin problems or latex allergies? Y N Have you ever had any broken bones? Y N  
Do any medicines upset your stomach? Y N Do you have arthritis or joint problems? Y N  
Do you bruise easily? Y N Have you ever had a back or neck injury? Y N  
Do you have stomach ulcers? Y N Have you ever been on work restrictions? Y N  
Do you have asthma or other lung problems? Y N Do you have any permanent disabilities? Y N  
Have you ever had heart problems or chest pain? Y N Do you have any Worker's Comp claim? Y N  
Do you have a history of high blood pressure? Y N Females only – Last menstrual period \_\_\_\_\_

Please explain "Yes" answers: \_\_\_\_\_

Have you been seen in the Emergency Room for this injury? Yes / No

If yes, Please list the medications that were prescribed: \_\_\_\_\_

Were X-rays taken? Yes / No

Please circle your current work status: Full Duty Light Duty No Duty

Griffin Employees: Did a manager/supervisor escort you here today? Yes No Were you escorted to the ER? Yes No N/A

**I authorize Griffin Hospital to furnish to my employer and their insurers all information regarding my injury and treatment.**

Patient Signature \_\_\_\_\_ Form Reviewed by: \_\_\_\_\_ Fall Risk Y / N Pain \_\_/10

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