

Central Chiropractic

Dr. J. Bertram Solomon
5401 Central Avenue Pike
Knoxville, TN. 37912
865.219.7200

PATIENT NAME: _____

To properly evaluate the effect that your continuing to work will have on your recovery, we need to know the details of your usual workday as well as other tasks you are required to perform even occasionally. Please provide answers to all questions. If you do not believe a question applies to you, please mark it "n/a." (Not Applicable)

What is your job? _____

Please give a brief description of your daily job duties. Include activities which you are occasionally asked to perform. _____

USUAL JOB TASKS How much time of each work day do you spend:

_____ Standing	Type of surface (i.e. outdoors, concrete, wood)	_____
_____ Sitting	Type of chair	_____
_____ Walking	What distance	_____
_____ Bending	How often per hour	_____
_____ Stooping	How often per hour	_____
_____ Crawling	How often per hour	_____
_____ Twisting	How often per hour	_____
_____ Raising arms above head	How often per hour	_____
_____ Lifting	Maximum weight	_____
	How often per hour	_____
_____ Driving	Type of vehicle	_____
_____ Operating equipment	What kind	_____

JOB SATISFACTION

Are you satisfied with your job? _____
Do you dread going to work each day? _____
Is your job rewarding? _____
Have you changed jobs often in the past five years? _____
Is your job in a noisy environment? _____
Do you feel stress on your job? _____
Describe _____

GENERAL

Do you work with others who can assist you to perform heavy work?
Yes _____ No _____
Are there "light duty" tasks available for you to request during your recovery?
Yes _____ No _____

Date

Signature