

Preliminary Assessment Form

Claimant's Name

Date

PFC

IPFC

PFC

MPD

PoD

Currently on Limited Duty

FEMS

Non PoD

Not on Limited Duty

Claimant's Address

Home Phone

Mobile Phone

E-mail Address

Date of Birth

Gender

Height

Weight

Male

Female

SSN

Marital Status

Children

Married

Single

Divorces

Widowed

Other

Attorney or Representative (Include Contact Information if applicable)

Date of Injury

Current
Compensation TTD

Pre Injury Wage

Summary of Injury and Subsequent Medical Care

Treating Physician/Surgeon(s)

Date of last appointment and the next scheduled appointment

Pain Management Physician

Date of last appointment and the next scheduled appointment

Other Physician(s)

Date of last appointment and the next scheduled appointment

Physical Therapy Facility

Dates attended

Current Symptoms

Current Medications

Other Medical Conditions

Other Medications

Education and Training

Name of High School

City and State

Last Grade Completed

Year of Graduation or GED

Vocational/Technical School(s)

City and State

Name of Training Program

Years Attended

Did You Complete the Program

Year Completed

Yes

No

Computer Skills

Check all that apply

Surf the Internet

Send and Receive e-mail

Find and open applications on a computer

Find and open files on a computer

Save and rename files and folders on a computer

Facebook or other Social Networking Site

Microsoft Windows

Microsoft Word or similar word processor

Microsoft Excel or similar spreadsheet

Microsoft PowerPoint or other presentation software

Microsoft Access or other database software

Apple Computers

Tablets (iPads or other brands)

SmartPhones (iPhone, Android, Windows)

Adobe Acrobat

Typing Speed (Words Per Minute)

Additional Comments

College

City and State

Years Attended	Academic Area of Study (Major)	Number of Credits Completed
Did You Complete a Degree?	Type of Degree	Year Received
Yes No		

College

City and State

Years Attended	Academic Area of Study (Major)	Number of Credits Completed
Did You Complete a Degree?	Type of Degree	Year Received
Yes No		

Other colleges, voc-tech, or on-the-job training programs attended

Military Branch

Military Occupation

Service Period

Discharge Date	VA Disability?
	Yes No

Work History (start with most recent)

Company Name

City and State

Job Title

Dates of Employment

Description of Duties (Clearly describe your duties, responsibilities, and accomplishments)

Company Name

City and State

Job Title

Dates of Employment

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Provide us with any additions skills and experiences

Hobbies/Interests

Volunteering Experiences

Describe Alternative Work Interests

Describe Alternative Training/Educational Interests

Attachment