



1800 Heritage Blvd., Midland, TX 79707
 Phone No: (432)614-0350 . Fax No: (915)613-0946
 Email: recovery.goals@gmail.com
www.recovery-goals.com

PLEASE ANSWER ALL QUESTIONS ON THIS FORM IN DETAIL AND COMPLETELY.

NAME: _____ TODAY'S DATE: _____

SOCIAL SECURITY # _____

ADDRESS _____

PHONE# _____

BIRTH DATE _____ AGE _____ HEIGHT _____ WEIGHT _____

Name of your Primary Care Physician: _____

Your doctor's address: _____

1. DESCRIBE YOUR WORK HISTORY (Start with 1st job and go on to current job):

Dates worked dd/mm/yy- dd/mm/yy	Job title	Duties involved



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2. How far did you go in school?_____. Did you graduate high school?
YES/NO
3. If no, do you have a GED: YES/NO
4. Are you able to read/write: YES/ NO

5. Date of injury?_____

6. Date returned to work?_____

7. Did you apply for social security benefits?_____

8. Tell me about your injury and treatment since injury (include employer's name, how the injury occurred, and names of doctors seen since injury)

Employer:_____

Doctors seen: _____

X-rays, MRI, CT scan dates & results:_____

Did you do physical therapy? YES/NO

For how many weeks?_____

Did you complete work conditioning: YES/NO; Work Hardening : YES/NO

Describe how the injury occurred:



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9. Any prior similar injuries?

10. Any other on the job injuries? YES/NO

11. If yes, please describe each incident:

12. Hospitalizations, so far?

Date	Hospital	Reason



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8. Explain what kind of problems you are currently having:

9. How do your problems interfere with your activities of daily living?

10. Duration of your problem?

11. Any other medical or surgical problems you may have had?

12. Any motor vehicle accidents? YES/NO
 - Any injuries (describe what kind, what body part)?



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	Hepatitis/cirrhosis		Arthritis
	Kidney problems		Connective tissue disorder

15. Marital status: Single Married Divorced Widow
16. How many children do you have ?
17. How many children live at home?
18. Any tobacco usage? What form?
19. Any smoking? How long? How many cigarettes per day?
20. Any past history of smoking?
21. How Long? Approximate start and stop dates? How many cigarettes per day?
22. Any alcohol usage? How often? When was your last drink?
23. Any recreational drug usage?
24. Any history of coal mining work or asbestos exposure?