LAW OFFICES OF ROBERT T. BLEDSOE
SUBSEQUENT INJURIES BENEFITS TRUST FUND
QUESTIONNAIRE

Name:		DOB:	SSN:
Address:		Primary Physician:	Mr. / Ms. / Mrs.
Phone:	E-mail		Interpreter:

1. How was your case settled? Stipulations ☐ Compromise & Release ☐ Findings & Award ☐
2. What disability rating were you awarded? _____
3. How much were you awarded for your Workers' Compensation settlement?
   Please provide a copy of your settlement documents
4. Are you Still Working? Yes ☐ No ☐

   If "No", when was the date, month, and year you last worked? _____
5. Have you Retired? Yes ☐ No ☐
6. Do you think you are able to work at this time? Yes ☐ No ☐
7. Are you receiving any of the following? SS Disability ☐ Disability Retirement ☐ Any Other Type of benefit ☐ _____
8. Were you ever involved in a motor vehicle accident **before** your work injury? (car, boat, bus, etc.)

Please mark an X near any of the body parts you have experienced pain or trouble with **before** your work injury. If you visited a doctor for something not on the list, please write it down, even if you think it may not be worth mentioning.

"x"	Pre-existing Conditions including sports injuries and injuries as a child:	Date Diagnosed:
	Heart – Heart Attack, etc.	
	Sleep	
	High Blood Pressure – Hypertension	
	Heart Defect	
	Arteries / Veins	
	Stomach	
	Blood Clots	
	Stroke	
	Cholesterol	
	Diabetes	
	Thyroid	
	Prostate	
	Kidney	

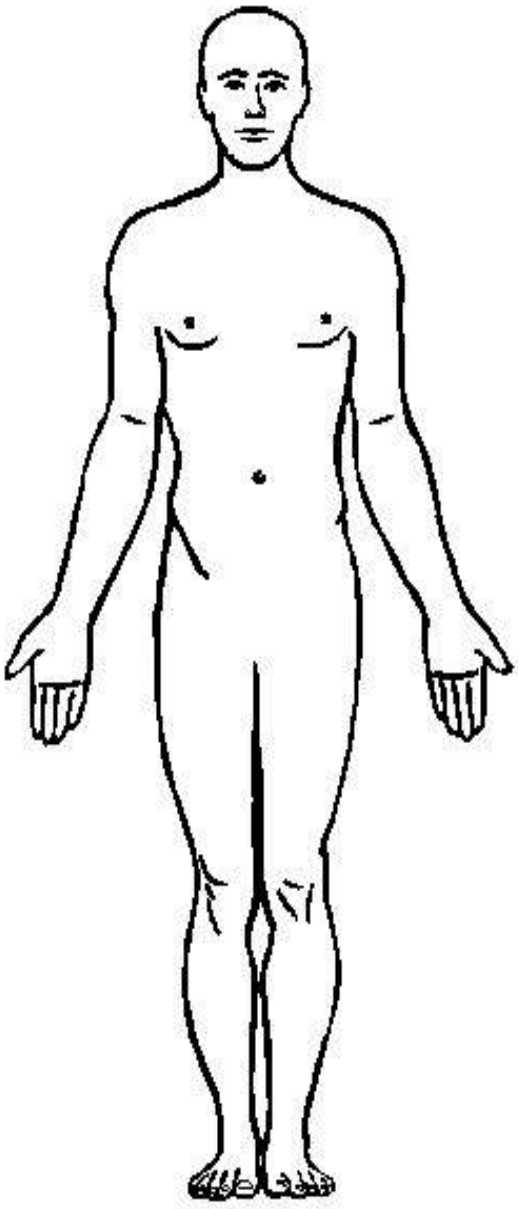
	Bladder	
	Hernia	
	Ears (Internal)	
	Nose	
	Eyes	
	Vision	
	Brain	
	Cancer	
	Arthritis	

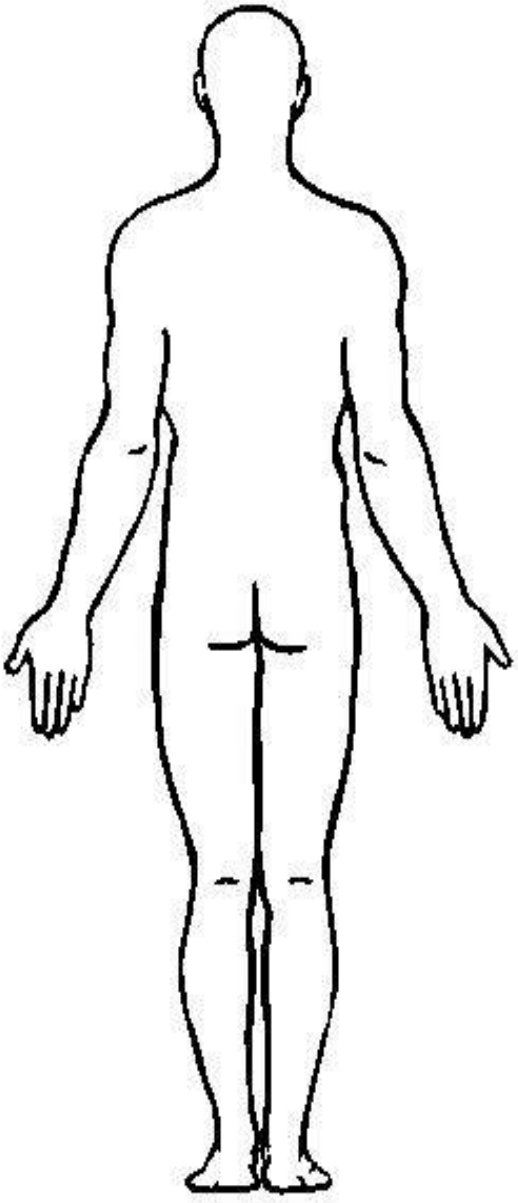
"x"	Pre-existing Conditions including sports injuries and injuries as a child:	Date Diagnosed:
	Throat	
	Respiratory System – Lungs, etc.	
	Cancer	
	Skin	
	Hearing	
	Sinus	
	Back – Spine, Upper and Lower, etc.	
	Neck	
	Arms – Hands, Elbows	
	Torso – Ribs, Chest, etc.	
	Head	
	Hips	
	Legs	
	Knees	
	Shoulders	
	Psyche	
	Upper Extremity	
	Lower Extremity	
	Abdomen	
	Mouth – Teeth, Tongue, etc.	
	Sexual Dysfunction	
	Other:	

Date of Work Injury:	Body Parts:	Date Case Closed:

Doctor Name/ Location / Facility Name:	Address & Phone Number:	Dates:

Please mark with an “x” where it hurts.





Please list your questions or concerns below:

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