



WORKER'S COMPENSATION QUESTIONNAIRE

PLEASE CHECK ONE, WHICHEVER APPLIES:

_____ This is not a work-related injury.

This is, or may be a work-related injury; however, I am selecting a physician for evaluation and/or treatment at my own expense pursuant to Missouri Revised Statutes, Chapter 287: Section 287.140

...If the employee desires, he shall have the right to select his own physician, surgeon, or other such requirement at his own expense...

_____ I further understand that a job related injury is not covered by regular health insurance and I will not be reimbursed by my health insurance for this treatment.

Signature of Patient

Date