



Pain Institute of Long Island

PORT JEFFERSON STATION

96 Terryville Road
Port Jefferson Station, NY 11776

ROCKVILLE CENTRE

77 North Centre Avenue, Suite 202
Rockville Centre, NY 11570

WOODBURY

205 Froehlich Farm Blvd
Woodbury, NY 11797

PORT JEFFERSON

70 North Country Road, Suite 203
Port Jefferson, NY 11777

RIVERHEAD

300 Old Country Road, Suite 1
Riverhead, NY 11901

PLAINVIEW

146A Manetto Hill Road, Suite 100
Plainview, NY 11803

Workers Comp Case

Today's Date: _____

Name: _____

Date of Birth: _____

SSN: _____

Date of Accident: _____

Do you have more than one WC case? Yes, Please complete form for each case. No

Carrier Case #: _____

WC Case #: _____

Body Part Injured: Mid and Lower Back Neck Left Shoulder Right Shoulder

Left Knee Right Knee Other: _____

Employer at Time of Accident: _____

Employer Address: _____

Name of Supervisor/Manager: _____

Are you currently working? No Yes, When did you return to work? _____

Workers Compensation Insurance Carrier: _____

Address: _____

Workers Comp Case Manager: _____

Case Manager Telephone #: _____ Fax #: _____

Internal Use: Date Confirmed: _____ Staff Initials: _____