



**John D. Kuhnlein, DO, MPH, FACPM, FACOEM**  
**Mark C. Taylor, MD, MPH, CIME, FACOEM**

Medix Occupational Health Services  
1824 SW White Birch Circle  
Ankeny, Iowa 50023  
515.964.9003 Phone  
515.964.9032 Fax  
[www.gotomedix.com](http://www.gotomedix.com)

---

## Impairment Rating Questionnaire

### Instructions

Complete this history questionnaire, to the best of your ability, prior to your appointment. If you do not understand a question, simply leave it blank. We will review this with you at your appointment.

**Please return your questionnaire to your attorney to be e-mailed, faxed (515-964-9032), or mailed to our office prior to your appointment, and bring a copy of your completed questionnaire to your appointment.**

**Note** that your impairment rating appointment may last **1-2 hours** depending on your situation. Please plan accordingly.

# IMPAIRMENT RATING QUESTIONNAIRE

Your Full Name: \_\_\_\_\_

Your Age: \_\_\_\_\_

Are you:  Right Handed  Left Handed  Ambidextrous

## **Please briefly outline:**

In your own words how the injury/illness occurred:

## **Current Physician/Health Care Provider:**

I am not seeing any health care providers now.

Who is your doctor now? \_\_\_\_\_

How often are you seeing your physician, chiropractor, or other health care provider **for the problem for which I am seeing you?** \_\_\_\_\_

## **Current Medical Treatment:**

What are you doing to treat the problem? Please list any medications, physical therapy or exercises, braces, etc. that you use, and how often you use them.

Medication: \_\_\_\_\_

Physical Therapy?  Yes  No

Exercise?  Yes  No

Other: \_\_\_\_\_

**Current Symptoms:**

Please outline your current symptoms; include location.

**Current Work Activities:**

Are you working now?  Yes  No

For the same employer?  Yes  No In the same job?  Yes  No

For a different employer?  Yes  No

If you work for a different employer, what company? \_\_\_\_\_

When did you start working here? \_\_\_\_\_

What job are you doing? \_\_\_\_\_

**Changes in Symptom Pattern:**

When you compare your symptoms now, to:

**One year ago:**  Better?  About the same?  Worse?

**Six months ago:**  Better?  About the same?  Worse?

**Three months ago:**  Better?  About the same?  Worse?

**Activities of Daily Living:**

Please check the following activities that cause you problems, **due to your injury**, at home.

Please check all that apply.

- |   |   |  |                                   |
|---|---|--|-----------------------------------|
| <input type="checkbox"/> Travel               | <input type="checkbox"/> Personal Hygiene | <input type="checkbox"/> Writing           | <input type="checkbox"/> Typing   |
| <input type="checkbox"/> Standing             | <input type="checkbox"/> Sitting          | <input type="checkbox"/> Reclining         | <input type="checkbox"/> Walking  |
| <input type="checkbox"/> Going up/down stairs | <input type="checkbox"/> Lifting          | <input type="checkbox"/> Pushing/pulling   | <input type="checkbox"/> Carrying |
| <input type="checkbox"/> Feeling with fingers | <input type="checkbox"/> Squatting        | <input type="checkbox"/> Grasping/gripping | <input type="checkbox"/> Intimacy |

**Past Medical History:**

Please list any operations/surgeries you have had in the past.


Please list any **OTHER MEDICAL (NON-SURGICAL)** problems you have or have had in the past:

**Prior and/or intervening injuries or illnesses in the same area:**

Have you ever had any injuries or illnesses in the same location before or since this injury or illness started?  Yes  No

If yes, please explain.

**Current Medications:**

Prescription Medications:	Non Prescription Medications:

**Allergies:**

Do you have any allergies to medications?  Yes  No

If yes, list medication(s):

**Disability Status:**

Are you on any disability now?  Yes  No

Are you applying for any disability benefits now?  Yes  No



Medix Occupational Health Services  
1824 SW White Birch Circle  
Ankeny, Iowa 50023  
515.964.9003 Phone  
515.964.9032 Fax  
www.gotomedix.com

### Get Google Maps Directions

