

FOOT AND ANKLE QUESTIONNAIRE

CLAIMS DIVISION SFN 51817 (04/2022) 1600 E Century Ave, Ste 1 PO Box 5585 Bismarck ND 58506-5585 **Telephone 800-777-5033** Toll Free Fax 888-786-8695 TTY (hearing impaired) 800-366-6888 Fraud and Safety Hotline 800-243-3331 www.workforcesafety.com

SECTION 1 – Employee's information				
Claim number	Employee's (First name)	(Last name)		
Body part(s)				
SECTION 2 - Current condition				
When did you first notice problems with your	foot and/or ankle?			
What were you doing when the problems occurred?				
Describe your current job duties.				
How much time per day is spent performing the described duties?				
How long have you worked for your current e	employer?			
How long have you done this type of work?				
If you changed positions within the company	, describe the physical activities of the prior po	sition(s).		
When did you become aware your condition	was related to your work?			
SECTION 3 – Prior condition				
Have you ever injured your foot and/or ankle ☐ Yes ☐ No	before?			
If yes, how did the injury occur?				
If yes, when did the injury occur?				
If yes, where did you treat?				
☐ Yes ☐ No	n your own (Example: using a brace, exercise,	orthotics, or over-the-counter medication)?		
If yes, describe				

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Claim number	Employee's (First name)	(Last name)		
Have you been treated by an orthopedist or	podiatrist (foot doctor)?			
☐ Yes ☐ No	p,			
If yes, list the name(s) and addresses of me	edical provider(s) who treated you	for these conditions.		
	. , ,			
Have you had x-rays, MRI's or CT scans of ☐ Yes ☐ No	your feet or ankles?			
If yes, list the date, where the imaging was	done, and the results.			
Do you have any congenital foot deformity:	since hirth (Evample: flat feet, high	arches etc)?		
☐ Yes ☐ No	since birti (Example, nat leet, mgri	aronos, ctoj:		
If yes, describe.				
, , , , , , , , , , , , , , , , , , , ,				
Have you been diagnosed with diabetes or	arthritis?			
☐ Yes ☐ No				
If yes, describe.				
Have you had recent trauma to your feet or	ankles?			
☐ Yes ☐ No				
If yes, describe.				
Do you participate in sports or hobbies outs	ide of work?			
☐ Yes ☐ No				
If yes, list the sport or hobby and describe how often you do them.				
December 11 and 12 and 15 and				
Do you walk or run as part of an exercise p ☐ Yes ☐ No	rogram?			
How much time per day is spent walking or	rupning?			
Tiow much time per day is spent waiking or	running:			
How much time per week is spent walking of	or running?			
l l l l l l l l l l l l l l l l l l l				
How far do you walk or run?				
List exercise besides walking or running.				
Have you been told your recent symptoms	are related to your work duties?			
Have you been told your recent symptoms are related to your work duties? ☐ Yes ☐ No				
If yes, list the name(s) and addresses of medical provider(s) who told you your recent symptoms are related to your work duties.				
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List the date the medical provider(s) told you your recent symptoms are related to your work duties. What type of footwear do you normally wear at work? What type of footwear do you normally wear at work? What type of footwear do you normally wear outside of work? What type of footwear do you normally wear outside of work? Women: Are you post-menopausal? Yes No SECTION 3 — Release of information/traud warning/signature Release of information Lunderstand and agree that North Dakota law determines all my rights and obligations to and from WSI. I authorize any medical provider or facility, any insurance company, including workers' compensation relating to work injuries, any law enforcement or military agency, any government benefit agency in including the Social Security Administration, and any educational agency or institution to release to WSI, its agents and attorneys, any and all information or records, including all prior records as well as those pertaining to mental health, alcohol, or drug abuse, and HI/VAIDS/AIDS-related illness. I authorize healthcare providers to respond to WSI regarding my injury, including request for conclusions and opinions not otherwise contained within existing medical records. In addition, I authorize any education agency or institution to release to WSI any and all "educational records" as defined by 20 U.S.S 21 Sec. 1232g. This authorization lasts for 1 year after the date signed unless I enter a different expiration date here	SFN 51817 (04/2022)				
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