

Work: Duties Under Duress & Loss of Enjoyment

Patient _____ Date of Accident _____

I have continued to work because:

- I have bills to pay and must support myself (as well as _____)
 - I can't take time off work because I would lose my job
 - My business would lose money or fail if I took time off
 - I can't take time off work because I would lose status or advancement opportunities
 - I feel obligated to work even though I'm in pain because _____
- _____
- _____
- I was forced to change my job from _____ to _____ because I could not do all the duties of my old job
 - I make mistakes at work I didn't used to make
 - I hide my work performance from my boss
 - I have had the following problems at work since the accident:
 - Range of motion/movements restricted in my body
 - Pain in my _____
 - Headaches
 - Muscle Spasms
 - Dizziness
 - Visual Disturbance
 - Sleep Disruption/Tired/Fatigue/Dozing off
 - Radiating pain into my _____
 - Anxiety or depression
 - TMJ/jaw pain or clicking
 - I have had to take over-the-counter medications to get through work, including _____

I have lost enjoyment/ability to perform at work because:

- I have pain during work in my _____, _____, _____, _____, _____, _____, _____, _____, _____, _____
 - I have difficulty performing my duties such as _____, _____, _____, _____, _____, _____, _____, _____
 - I have lost job security
 - I have lost status in my company or opportunities for advancement
 - I didn't get an anticipated promotion, which was _____
 - The quality of my work has not been as good since the accident
 - I make less money now. \$_____ a week
 - It has taken me longer to do these duties: _____, _____, _____, _____, _____, _____, _____, _____
 - I have had to reduce the time I can do the following duties: _____, _____, _____, _____, _____, _____, _____, _____
 - (other) _____
- _____
- _____

Signature of patient

Date completed