



Yakima Worker Care
 409 S 12th Ave
 Yakima WA 98902
 Phone 509-575-2949
 Fax 509-575-5743

Sunnyside Worker Care
 1614 E Edison, Suite E
 Sunnyside WA 98944
 Phone 509-836-0075
 Fax 509-836-0077

Pasco Worker Care
 1500 W Court St
 Pasco WA 99301
 Phone 509-543-7717
 Fax 509-543-7721

Name _____
 Date of Birth _____

Medical History Form

General:

What activities and hobbies do you participate in on a regular basis? _____

Who is your primary care provider (PCP)? _____

Do you have regular wellness checks? Yes No How often? _____

Have you ever had other work-related injuries? Yes No

Please list any reasons for which you have had surgery and/or gone to the hospital (give dates)

Have you ever had injuries to the following areas?

Neck Yes No Back Yes No
 Knees Yes No Shoulders Yes No

Medications:

List all medications you are taking: _____

Herbal / naturopathic treatment and/or medications: _____

Any allergic reactions to medication? Yes No List: _____

Social history and habits:

Do you use tobacco? Yes No
 If yes, Smoke Chew Plan to stop Number of years smoked _____ Packs per day _____
 If no, Never used Quit in _____

Do you drink alcoholic beverages? Yes No
 Regularly (3+ times a week) Seldom /Occasionally

Do you use illegal or unprescribed medications? Yes No
 Do you have a history of drug abuse or addiction? Yes No
 Have you ever received treatment for drug/alcohol abuse? Yes No

Family History: Mark corresponding box for any family members with the following conditions.	Grand father	Grand mother	Father	Mother	Sibling	Child
Diabetes						
High Blood Pressure						
Heart Attack						
Stroke						
Epilepsy/Seizures						
Tuberculosis						
Cancer						
Alcoholism/Drug abuse/Addiction						
Depression						
Other Mental Health Issues						

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SYSTEMS: Have you had the following issues? No Yes For how long/
how long ago? Explain

GENERAL

Unexplained weight loss/gain				
Fever/fatigue				
Head injury/Traumatic brain injury				
List all cancers for which you have been diagnosed and/or treated (e.g., Lung, stomach/bowel, breast, cervical, prostate, etc.)				

EYES

Color blindness				
Continuous blurring of vision				
Double vision				
Glasses/contacts				
Other eye problems (specify)				

EARS

Hearing Loss				
Continuous ringing in ears				
Other ear problems (specify)				

NOSE/THROAT

Hay fever				
Sinus troubles				
Sleep disorder (e.g., sleep apnea)				
Other problems (explain)				
Nose				
Throat				
Neck				

LUNGS/CHEST

Continuous nagging cough/hoarseness				
Coughed up blood				
Wheezing				
Shortness of breath				
Asthma				
Pneumonia				
COPD				
Obstructive sleep apnea (Sleep disorder)				
Tuberculosis (TB)				
Scarring on chest x-ray				

HEART/BLOOD VESSELS

Ankle swelling				
Chest pain				
Atrial fibrillation				
Irregular heart beat				

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HEART/BLOOD VESSELS	No	Yes	For how long/ how long ago?	Explain
Heart attack				
Heart murmur				
High blood Pressure				
Stroke				
Elevated cholesterol				
Other heart or blood vessel problems (specify)				
HEMATOLOGY				
Hemophilia or bleeding disorder				
Clotting disorder				
Other blood dyscrasias (specify)				
GASTROINTESTINAL				
Difficulty swallowing or indigestion				
Unusual heartburn				
Vomited blood				
Change in bowel habits				
Cirrhosis				
Hepatitis (Yellow Jaundice)				
Gallbladder disease				
Ulcers				
Pancreatitis				
Colitis				
Diverticulosis				
Hemorrhoids				
Hernia				
Other GI problems (specify)				
URINARY				
Frequent Urination				
Getting up at night to urinate				
Kidney infections				
Kidney stones				
Bladder infections				
BONE/MUSCLE				
Joint aches				
Joint stiffness				
Fractures (Specify where)				
Chronic back pain				
Back disc disease				
Fibromyalgia				
Arthritis				
Other bone/muscle problems (specify)				

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NERVOUS SYSTEM	No	Yes	For how long/ how long ago?	Explain
Headaches				
Seizures/epilepsy				
Other nervous system problems (specify)				
ENDOCRINE/GLANDULAR DISORDERS				
Thyroid problems				
Diabetes (circle responses below)				
Type 1	Type 2	controlled by: diet/exercise alone	oral medication	insulin injections
Other endocrine problems (specify)				
Other immunosuppressive condition (specify)				
SKIN				
Lump or unusual thickening of skin				
Sore that does not heal				
Obvious change in wart or mole				
Other skin problem (specify)				
PSYCHOLOGICAL				
Anxiety disorder				
Depression				
Bipolar				
Schizophrenia				
Insomnia/sleep disturbance				
Other psychological issue (specify)				
MEN ONLY				
Prostate infection				
Prostate enlargement				
Testicle problem				
Other genital problems				
WOMEN ONLY				
Breast issues (lumps, etc.)				Date of last mammogram:
Uterus problems (e.g., Hysterectomy)				
Unusual bleeding or discharge				
Still having regular periods?				Date of last period:
Do you think you may be pregnant?				
Have you ever been pregnant?			#Pregnancies:	#Live births:

Patient Signature _____ Provider Signature _____ Date _____



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Name _____

Date of Birth _____

Work Phone _____

Email _____

Cell Phone _____

Cell Provider (if prefer text message reminders) _____

Reminder Preference(s): Text Email Phone

Please complete if NOT filling out Report of Accident or Reopening Application today.

Claim # _____

Soc Sec # _____

Address _____

City _____ State _____ Zip _____

Employer of Injury _____

Occupation _____

Home Phone _____

Married Single Separated

Divorced Widowed Domestic Partner

Name of Husband/Wife/Partner _____

In Case of Emergency Contact

Name _____ Relationship _____ Phone _____

Local Personal Physician _____

How Did You Hear About Us? _____

Please read before signing:

I understand that I am financially responsible for all charges including, but not limited to, deductibles and services not covered by my insurance, regardless of coverage, and I agree to pay such charges. My signature below permits the release of all information necessary to secure payment of benefits from my insurance carrier. I understand that all laboratory, x-ray, and other testing performed by outside facilities and specialists will be billed directly to the patient by these facilities and specialists.

AUTHORIZATION: I hereby authorize the Doctor(s) and the medical staff of Yakima Care Worker to provide such medical services as may be determined to be in the best interest of the patient listed above.

I hereby authorize any holder of medical information about me to release any information needed to process my claim. I also authorize any insurance benefits to be made to Yakima Worker Care.

Our Notice Of Privacy Practices describes in more detail how your health information may be used and disclosed, and how you can access your information. By my signature below, I acknowledge receipt of the Notice Of Privacy Practices.

Signature of Patient or Legally Auth.

Date



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E-mail: wecare@yakimaworkercare.com

Clinic Holidays (Exact date or Friday before if on a weekend):

New Year's Day
 President's Day
 Memorial Day
 Independence Day (4th of July)
 Labor Day
 Thanksgiving (Thursday and Friday)
 Christmas (closed at 11 AM day before)

you, we will seek authorization for it before sending requests to the other providers' offices. Sometimes, this authorization and scheduling can happen almost immediately, but usually it will take several weeks for authorization and scheduling to occur. We will contact you with the appointment information as soon as we get it. If you do not agree with a denial of services or feel the authorization process is taking too long, we encourage you to contact the claims manager for your workers' compensation insurance.

Time loss notification and Loss of Earning Power (LEP)

If you are off work due to your work related injury or if there is no light duty accommodation by your employer, you may be eligible for time loss benefits. The Activity Prescription Form (APF) will be the notice to the claim manager regarding this need. Our preference is that you return to work on light duty or full duty when possible. This is the goal of treatment and the best outcome for you, your employer and the workers' comp insurer.

If you have been placed on light duty and you are getting paid less than your regular wage, you may be eligible for Loss of Earning Power benefits. Please contact your claims manager to initiate the process.

Emergencies

If your work-related condition becomes worse and you need urgent or emergent help during office hours (8 AM to 5 PM Monday to Friday), you are welcome to call or come to the office for a walk-in visit. After hours, please go to the nearest emergency department for help if needed. If in doubt regarding your safety or ability to make it to the Emergency Department, call 911.

Yakima Worker Care

Patient Handbook

For Your Records:

Claim Number:

Date of Injury:

Workers' Comp Insurer:

Claim Manager:

Clinic Contact information:

Provider's Name:

Phone Number:



Thank you for choosing Worker Care. We know you have other options and we will work hard to meet your needs. Our goal is to work with you in partnership to restore your health and help you continue to work. We will communicate with you, your employer and your claim manager to facilitate these goals.

Please take a few moments to review this handbook. In it, we have listed things patients will need to know as they go through the workers' compensation process.

Patient expectations

As a patient, your main job is to get better. We fully expect that you will participate in your treatment plan. For example, we expect you to:

1. Attend all appointments scheduled, including those for therapy, specialist and surgical consults, and extra testing such as MRIs and CT scans;
2. Follow dosing and usage instructions for medications; and
3. Follow activity restrictions and home exercises.

During the healing process, you should expect to feel some pain. However, please let us know as soon as possible if this pain is too much to bear or if you feel your condition is worsening.

We do our best to maintain a professional, caring environment. In exchange, we ask that you behave and speak in an appropriate manner while at our clinic. Patients who engage in abusive behavior, verbal and/or physical threats may be asked to leave the clinic and reported to the claims manager and, if necessary, the local police.

Financial Responsibility of Patients

We do our best to ensure that services provided will be covered by your workers' comp insurer. There are times, however, when the insurer will deny payment and/or claims in their entirety. In these instances, you, the patient, will be responsible for any outstanding bills. We will work with you to bill your medical insurer and/or to make attainable payment arrangements.

Scheduled Appointments

It is your responsibility to show up on time for all scheduled appointments. If you know there is a conflict, please call at least a day before the appointment to reschedule. If you miss one appointment without notifying us, we will reschedule you. Any further no-shows will be reported to your claim manager. If you are on any work restrictions, we will then complete an Activity Prescription Form (work restriction sheet) releasing you to full duty work, under the assumption that you are well enough to do other activities instead of appearing for your appointments. In addition, if you have more than one no show, your appointment time options will be limited to a time convenient for us in order to keep more desirable appointment times for patients who need consistent care.

Automatic Appointment time reminder calls

You will receive an automatic call generated by our computer reminding you of your next appointment 1 to 2 days prior to your appointment. This computer-originated call may come from a phone in Pasco, Sunnyside or Yakima but will be a reminder of your next appointment at the clinic location where you are receiving care for your work related injury. Please make sure we have your current contact phone number and/or email address. If you have rescheduled an appointment less than 2 days before your appointment, you may still receive a reminder for the canceled appointment.

Medication Refills

If you need a medication refill, please notify your pharmacy 2 business days before you need the medication to allow adequate time for the refill to be available when you need it. The pharmacy will fax our clinic to request authorization of the refill. If you are told you need a hand-written prescription to get the refill, please call the office with your request, allowing at least 2 business days to process the request.

We will not be able to refill your medication if you have not been keeping appointments, as there are times when biological monitoring (lab testing) may be needed to assure the absence of adverse reactions to your medication. In addition, we will not be able to authorize a refill if we determine that you should no longer be using the medication, or that the medication should be managed by your non-workers' comp primary care provider.

Opioid (narcotic) pain medication

We recognize there are times when opioid pain medication is needed to help you deal with pain due to a work related injury. When we prescribe an opioid, you will be expected to complete a urine drug screen and complete an opioid contract that spells out the cautions and rules associated with opioid use. We normally will not prescribe opioids after completion of the first two weeks following your injury or surgery. Under unusual circumstances where more prolonged opioid use is needed, we will only prescribe opioids if they improve your function and decrease your pain level. If the workers' compensation insurer stops paying for opioids, that means they do not believe further prescriptions for opioids are in your best interest, and we will be unable to continue prescribing opioids for you under those circumstances.

Pain becomes chronic after 3 months post injury or post surgery. We will not be prescribing opioid pain medication for chronic pain relief. If you are in a situation where you have chronic pain associated with your work related injury and you believe the only way you can function is with opioids, it will become your responsibility to see your primary care provider to manage your chronic pain outside of the claim. We will continue to help treat you for other aspects of the claim until the claim is resolved.

Care for conditions not covered by the claim

We strongly encourage you to find a family physician to ensure you are in good health, as we are not able to provide care for medical conditions not related to your claim. Occasionally, we can treat non-covered conditions if doing so is an aid to recovery or if the condition is presumed to be claim related. If we are attempting to gain allowance of a new condition in the claim and it is rejected by workers' comp, you will need to have that condition cared for (outside of the claim) by your primary care provider.

Authorization for Specialist Appointments or Exams

Like many insurers, the workers' comp programs require pre-authorization for imaging, procedures, exams and treatment by specialists and surgeons. If our provider wishes to order such a service for