

Mason Family Chiropractic

Dr. Marie S. Mason

154 West Main Street, Suite 1

Bridgeport, WV 26330

PATIENT JOB DESCRIPTION

PATIENT NAME _____

To properly evaluate the effect that you continuing to work will have on your recovery, we need to know the details of your usual workday as well as other tasks you are required to perform even occasionally. Please provide answers to all questions. If you do not believe a question applies to you, please mark it N/A. (Not Applicable)

What is your job? _____

Please give a brief description of your daily job duties. Include activities which you are occasionally asked to perform _____

UNUSUAL JOB TASKS How much time of each work day do you spend:

_____ Standing.....Type of surface (i.e. outdoors, concrete, wood) _____

_____ Sitting.....Type of chair _____

_____ Walking.....What distance _____

_____ Bending.....How often per hour _____

_____ Stooping.....How often per hour _____

_____ Crawling.....How often per hour _____

_____ Twisting.....How often per hour _____

_____ Raising arms
above head.....How often per hour _____

_____ Lifting.....Maximum weight _____
How often per hour _____

_____ Driving.....Type of vehicle _____

_____ Operating equipment...What Kind _____

JOB SATISFACTION

Are you satisfied with your job? _____

Do you dread going to work each day? _____

Is your job rewarding? _____

Have you changed jobs in the past five years? _____

Is your job in a noisy environment? _____

Do you feel stress on your job? _____

Describe _____

GENERAL

Do you work with others who can assist you to perform heavy work?

Yes ___ No ___

Are there "light duty" tasks available for you to request during your recovery? Yes ___ No ___

Date

Signature