## **Possible Fracture Questionnaire**

Name			
Occupation:			
Are you right handed or left handed?	Left	Right	Both
Which bone/joint is broken?			
Date of injury:			
Mechanism of injury:			
Was the injury work related?	Yes	No	N/A
Who provided your initial care?			
If you had initial care, what did it consist of? (splint	ing, casting, m	anipulation, s	surgery)
Were x-rays taken of your fractured extremity:  If yes:  Date of x-rays:  X-ray facility:	Yes	No	)
Were x-rays taken of your fractured extremity:  If yes: Date of x-rays:	Yes	No	)
Were x-rays taken of your fractured extremity:  If yes:  Date of x-rays:  X-ray facility:  Are you having any pain at this time?  If yes, how would you describe the pain? (milling)	Yes Yes Id, moderate, s	No No evere, etc.)	)
Were x-rays taken of your fractured extremity:  If yes: Date of x-rays:  X-ray facility:  Are you having any pain at this time?  If yes, how would you describe the pain? (miles)  Are you taking any medications for your pain?  Are you having any other symptoms such as:	Yes Yes Id, moderate, s	No No evere, etc.)	)
Were x-rays taken of your fractured extremity:  If yes: Date of x-rays:  X-ray facility:  Are you having any pain at this time?	Yes Yes Id, moderate, s	No No evere, etc.)	)