



Questionnaire for TAC Patients

Name: _____

Referring Doctor: _____

Claim Number: _____

Employer: _____

Type of Work: _____

Current Case Worker: _____

Case Worker Phone: _____

Case Worker e-mail: _____

Date of Accident: ____/____/____

Details of Accident:

Injury Diagnosis:

Other Details (such as any aggravation or recurrence of a previous injury or a degenerative component):

How does the pain affect your ability to do the following?

1. Standing: _____

2. Sitting: _____

3. Walking: _____

4. Bending: _____

5. Lifting: _____

6. Squatting:

How does the pain affect your ability to enjoy family time and hobbies?

What physical tasks does your usual job entail?

Have you been prescribed any of the following medications?

Pregabalin (e.g. Lyrica):	Yes No
Gabapentin (e.g. Neurontin, Gabatine, Nupentin, APO Gabapentin):	Yes No
Tramadol (e.g. GA Tramadol, Lodam, Zydol, Tramal):	Yes No
Duloxetine (e.g. Cymbalta, Andepra, Coperin, Drulox):	Yes No
Amitriptyline (e.g. Endep):	Yes No
Nortriptyline (e.g. Allegron):	Yes No
Paracetamol & Codeine Phosphate (e.g. Panadeine Forte, Prodeine Forte, Codapane Forte):	Yes No
Oxycodone (e.g. Oxycontin):	Yes No
Morphine (e.g. MS Contin, Momex, Apotex Morphine):	Yes No
Buprenorphine (e.g. Norspan):	Yes No
Fentanyl (e.g. Fentanyl Sandoz, Actiq, Denpax, Dutran, Fenpatch):	Yes No
Meloxicam (e.g. Mobic, Melox, Meloxicam Sandoz, Movalis):	Yes No
Ibuprofen (e.g. Nurofen, Rafen, Brufen, Herron Blue, Advil)	Yes No
Celecoxib (e.g. Celebrex)	Yes No
Diclofenac (e.g. Voltaren)	Yes No
Naproxen (e.g. Naprosyn, Proxen)	Yes No

Are there any other treatments that you have undertaken for your pain?:
