



## Healthcare Utilization Survey

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Over the last month, I have:

- \_\_\_\_\_ Not seen anybody about my injury
- \_\_\_\_\_ Seen my doctor but only for a check up
- \_\_\_\_\_ Seen the doctor for the treatment of my injury (e.g. medications, etc.)
- \_\_\_\_\_ Seen a physical therapist or other for further treatment of my injury
- \_\_\_\_\_ Attended another rehabilitation program for my injury

For Staff Use Only:

\_\_\_\_\_ Initial Eval      \_\_\_\_\_ Discharge      \_\_\_\_\_ 30 day follow up  
\_\_\_\_\_ 90 day follow up      \_\_\_\_\_ 180 day follow up      \_\_\_\_\_ 1 year follow up