



P.O. Box 161 · Evansville, WI 53536-0017 · Phone: 608-882-6571 · Fax: 608-882-6585

**Johnson Law Offices
Worker's Compensation Hearing Loss Questionnaire**

The information on this form is very important to the success of your claim and will speed up payment. Please fill out this form with as many details as you can...do the best you can...for help, please call us at 608-882-6571

Return this form to:
Johnson Law Offices
P.O. Box 161, Evansville, WI 53536

Or fax it to:
608-882-6585

Email: info@johnsonlawoffices.net
Website: www.johnsonlawoffices.net

Client Name _____ Male _____ Female _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Cell Phone _____

Email Address _____

Social Security Number _____ Date Of Birth _____

Date Of Retirement (Last day of actual work, or month, if different from official retirement date) _____

1. Employment History (details will help your case, please attach another sheet if you run out of space)

Last (most recent) Noisy Employer #1

Company _____

Address _____

City/State _____

Length (start/finish dates) _____ (Month/Year)

Describe in detail the work noise you were exposed to (attach additional sheet if needed):

Previous Noisy Employer #2

Company _____

Address _____

City/State _____

Length (start/finish dates) _____ (Month/Year)

Describe in detail the work noise you were exposed to (attach additional sheet if needed):

2. If not retired, where do you work?

Business Name _____ Address _____

City/State/Zip _____

Still working in noise? Yes No

3. Have you had your hearing tested? Yes No
(If yes, please fill out the Past Hearing Tests form included in this mailing)

4. Was your hearing tested at work? Yes No

5. Do you wear hearing aids? Yes No (If yes, please fill out below)

When and where did you purchase your hearing aids? _____

How much did your hearing aids cost? _____

Did you or your insurance pay? Me Insurance (If insurance, how much \$ _____ and do you still have coverage Yes No)

6. Any previous or pending claims for hearing loss? Yes No

7. Do you have ringing or buzzing in your ears (Tinnitus) Yes No (If yes, please describe below)

8. Did you work through a Union? Yes ___ No ___ (If yes, please fill out below)

Please give us the name of the Union, Address, Union Representative's Name and Local Number.

9. Please tell us how you heard about Johnson Law Offices: _____

Remember, if you need help filling out this form, just contact us!

Telephone 608.882.6571

Fax 608.882.6585

Email: johnsonlaw@johnsonlawoffices.net

*Remember, **details** will help your claim to succeed –*

Thank you!