

Serving All Wisconsin Since 1977

JOHNSON *law offices* JLO

Exclusively focused on Worker's Compensation hearing loss benefits

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 your form with as many details as you can... do the best you can... For help call or email us.

Return this form to:
Johnson Law Offices
PO Box 557 Evansville WI 53536

Telephone: 608-882-6571 or toll free 1-800-400-5765 Fax: 608-882-6585
Monday-Friday 8 am to 5 pm

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

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) _____

Because your hearing matters, it's ALL that we do!

P.O. Box 557, Evansville, WI 53536-5060 • Phone: 608.882.6571 Toll Free: 1.800.400.5765 Fax: 608.882.6585

johnsonlaw@johnsonlawoffices.net

www.johnsonlawoffices.net

Find us on  

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/Zip _____

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/Zip _____

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

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. Any previous or pending claims for another work related injury? _____ Yes _____ No

8. Any other work related injuries? _____ Yes _____ No (If yes, please describe below)

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

10. 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.

11. 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 succeed –

Thank you!