

**IF YOU WERE IN A MOTOR VEHICLE ACCIDENT, PLEASE FILL OUT THIS FORM**

PATIENT NAME: \_\_\_\_\_ DATE OF ACCIDENT: \_\_\_\_\_

TYPE OF VEHICLE: MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_

WERE YOU THE DRIVER? Y/N

WEARING A SEATBELT? Y/N

AIRBAGS DEPLOYED? Y/N

LOSS OF CONSCIOUSNESS? Y/N

WAS VEHICLE DRIVABLE? Y/N

WAS VEHICLE TOTALED? Y/N AMOUNT OF DAMAGE: \$ \_\_\_\_\_

POLICE REPORT TAKEN? Y/N

WHICH PART OF VEHICLE WAS STRUCK?

REAR ENDED

OTHER \_\_\_\_\_

FRONT IMPACT

DRIVER SIDE IMPACT

PASSENGER SIDE IMPACT

DESCRIBE THE ACCIDENT \_\_\_\_\_

TAKEN BY AMBULANCE Y/N WHICH HOSPITAL? \_\_\_\_\_

WHAT WAS DONE IN THE HOSPITAL? \_\_\_\_\_

XRAYS TAKEN Y/N WHAT BODY PARTS? \_\_\_\_\_

WERE YOU ADMITTED TO THE HOSPITAL? Y/N

WHAT WAS HURTING WITHIN THE FIRST 48 HOURS? \_\_\_\_\_

DESCRIBE YOUR TREATMENT SO FAR:

1ST DOCTOR SEEN: DR. \_\_\_\_\_ WHEN? \_\_\_\_\_ STILL SEEING? \_\_\_\_\_

TREATMENT PROVIDED: \_\_\_\_\_

2ND DOCTOR SEEN: DR. \_\_\_\_\_ WHEN? \_\_\_\_\_ STILL SEEING? \_\_\_\_\_

TREATMENT PROVIDED: \_\_\_\_\_

3RD DOCTOR SEEN: DR. \_\_\_\_\_ WHEN? \_\_\_\_\_ STILL SEEING? \_\_\_\_\_

TREATMENT PROVIDED: \_\_\_\_\_

4TH DOCTOR SEEN: DR. \_\_\_\_\_ WHEN? \_\_\_\_\_ STILL SEEING? \_\_\_\_\_

TREATMENT PROVIDED: \_\_\_\_\_

HAVE YOU HAD PHYSICAL THERAPY? Y/N HOW LONG? \_\_\_\_\_ STILL GOING? Y/N HELPFUL? Y/N

HAVE YOU HAD CHIROPRACTIC? Y/N HOW LONG? \_\_\_\_\_ STILL GOING? Y/N HELPFUL? Y/N

DID YOU HAVE AN MRI? Y/N WHICH BODY PART? \_\_\_\_\_

DID YOU HAVE ANY INJECTIONS? Y/N WHAT KIND? \_\_\_\_\_

OTHER TREATMENT: \_\_\_\_\_

WERE YOU WORKING BEFORE THE ACCIDENT? Y/N OCCUPATION: \_\_\_\_\_

HOW MUCH TIME DID YOU TAKE OFF FROM WORK FOLLOWING THE ACCIDENT? \_\_\_\_\_

WERE YOU ABLE TO RETURN TO WORK? Y/N WHEN? \_\_\_\_\_

ANY DOCTORS RESTRICTIONS? \_\_\_\_\_

ARE YOU ON SHORT TERM DISABILITY? Y/N ARE YOU ON LONG TERM DISABILITY? Y/N

HAVE YOU HAD ANY PRIOR ACCIDENTS OR INJURIES? Y/N WHAT BODY PART DID YOU INJURE? \_\_\_\_\_

DATE OF PRIOR ACCIDENT OR INJURY: \_\_\_\_\_ DID YOU UNDERGO TREATMENT? Y/N