ACCIDENT / INJURY QUESTIONNAIR	Patient Name:
Dear Patient: This questionnaire will allow you to describe your automobile accident in detai complete it carefully as the information provided will assist the doctor in evaluation.	mo day year DR# PATIENT NUMBER
documenting your condition. THANK YOU.	
Use a No. 2 pencil to mark your answers. When marking in	an Other 4 10 4 30 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
bubble please explain in the space allowed. Fill in bubbles com p	npletely as
indicated here: . Erase changes cleanly. Do not fold form.	
. DATE AND TIME OF ACCIDENT / INJURY	® 9 9 9 9 9 9 9 9 9 9
ODate: / / Time: : am / pm	4. If there were lacerations (cuts), where were they?
	○ Head
. DESCRIPTION OF ACCIDENT / INJURY	○Neck ® ○Arms ® ○Hips
Automobile Accident Questionnaire Marked (Skip Section B)	○Upper / Mid Back ® ◆ Elbows ® ◆ Thighs
○Workmen's Compensation Accident / Injury	CLower Back ■ CForearms ■ CKnees
Slip/Fall Accident Pedestrian Accident	○Pelvis
Other: Accident Injury	○ Chest / Rib Cage
1. What was the cause of your accident / injury?	○ Abdomen
That was the sause of your accident, injury.	Other
	5. Describe any other significant injury:
	6. Emergency Care At Accident/Injury Site
O. Donosilio in consumerous sub-ot-beneau de	a. Did you receive emergency care? OYes ONO
2. Describe in your own words what happened:	
	b. What type of emergency care did you receive?
	Bandages Splints Brace Neck Collar
	Other
	7. Destination After Accident / Injury
	a. Where did you go? b. By whom were you driven?
	Hospital Home Myself Ambulance
	School Work Friend Family Member
	Other Other
	D. LICODITAL VIOLE AFTER ACCURENT / IN ILIDY
	D. HOSPITAL VISIT AFTER ACCIDENT / INJURY
. IMMEDIATELY AFTER ACCIDENT / INJURY	1. When did you go to the hospital?
1. Did you lose consciousness?	Immediately Later That Day Next Day Days Later
Yes No Don't Know	Obate / / Other
C 103 C DOIT MIOW	Hospital Name: Examined By Doctor:
2. How did you feel?	
Confused Dazed Dizzy Nervous	
○Weak ○Other	Admitted: Yes No Date Discharged: //
3. Where did you immediately develop pain?	2. If x-rays were taken, of what body part(s)?
→ Head	○Head
○ Neck	○Neck ® □Arms ® □Hips
○Upper / Mid Back	OUpper / Mid Back
○Lower Back	○Lower Back
○Pelvis	○Pelvis
○ Chest / Rib Cage	Chest / Rib Cage R □ Hands R □ Ankles I
○ Abdomen	○ Abdomen
Other	Other
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В

If a CAT Scan was		ENT / INJURY	k. Elbows		
ii a CAI Scail was	s performed, of wh	at body part(s)?	R C Strain	R D Sprain	♠ □ Disloce
○ Head	Upper / Mid Back	Chest / Rib Cage		C Lacerations	R C Contu
○ Neck ○	Lower Back	Abdomen			
Other					
			I. Forearms		
If a MRI was perfo	ormed, of what bod	y part(s)?			
Head	Upper / Mid Back	Chest / Rib Cage			
○ Neck ○	Lower Back	Abdomen	R C Other		
Other					
			m. Wrists		
	gnosis given at the	hospital?		R C Sprain	R Dislo
a. Head				Lacerations	R C Contu
Concussion	Skull Fracture	Lacerations	R Other		
Contusions	Other				
			n. Hands / Fingers		
b. Jaw			⊕		
Strain	Sprain	Dislocation			R C Contu
Fracture	Whiplash	Lacerations			
Contusions	Other				
			o. Buttocks		
c. Neck			R C Strain		R Lacer
Strain	Sprain	Dislocation			
Fracture	Whiplash	Disc Injury			
 Lacerations 	Contusions		p. Hips		
Other					
d. Upper / Middle	Back		R C Other		
Strain	Sprain	 Dislocation 			
Fracture	Disc Injury	 Lacerations 	q. Thighs		
Contusions	Other		® 🗅 Strain		
	0 0			R Lacerations	® © Contu
e. Lower Back			⊕ Other		
Strain	Sprain	Dislocation			
Fracture	Disc Injury	Lacerations	r. Knees		
Contusions	Other		® © Strain	♠ □ Sprain	
<u> </u>	C Guio.				® © Contu
f. Pelvis			® □ Other		
Strain	Sprain	Dislocation	C outof		
0 11 01111	•	<u> </u>			
Fracture	 Lacerations 	Contusions	s. Leas		
	 Lacerations 	<u>Contusions</u>	s. Legs Strain	R D Sprain	R Dislo
FractureOther	Lacerations	<u>Contusions</u>	R C Strain	® © Sprain	
Other		Contusions	® 🗅 Strain	Sprain Lacerations	
g. Chest / Rib Cag	ge		R C Strain		
G. Chest / Rib Ca	ge ○ Sprain	Dislocation	® ① Strain ® ① Fracture ® ① Other		
G. Chest / Rib Cag Strain Fracture	ge		® © Strain ® © Fracture ® © Other		® ⊕ Contu
G. Chest / Rib Ca	ge ○ Sprain	Dislocation	Strain Stracture Stracture Stracture Stracture Stracture		® © Disloc
G. Chest / Rib Cag Strain Fracture Other	ge ○ Sprain	Dislocation	Strain Fracture Cother T. Ankles Fracture For Dother		® © Disloc
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Other G. Chest / Rib Cago Strain Fracture Other h. Abdomen Strain Other i. Shoulders Strain Tracture To Other j. Arms	Sprain Lacerations Lacerations Sprain Lacerations Lacerations	Dislocation Contusions Contusions Dislocation Contusions Contusions	The strain The strain The stracture The strain The strain The stracture The strain The strain The strain The stracture The strain The stracture	C Lacerations Sprain C Lacerations Sprain C Sprain C Lacerations Sprain Lacerations	R Disloc R Disloc R Disloc R Dontu

D. HOSPITAL VISIT AFTER ACCIDENT / INJURY	i. Shoulders
6. What treatment was administered at the hospital?	
Oral Medication Sutures Splint Collar	⊕ Other
Injection Ice Packs Cast Support	
○Topical Antiseptics ○Hot Packs ○Brace ○Surgery	j. Arms
○Bandages ○Other □	
	⊕ Other
7. Instructions Given When Discharged From Hospital	
a. Were you told to see?	k. Elbows
General Practitioner Chiropractor Neurologist	
Physical Therapist Orthopedist Internist	® ⊕ Other
General Surgeon Plastic Surgeon	
Other	I. Forearms
3 0 11.15	
b. What recommendations were made?	® Other
No Further Care No Follow-up Instructions Observation	& Couloi
Rest Olce OHeat OCollar OSupport	m. Wrists
Time Off Work Other	
O Time Oil Work Outrier	
- Warrange disertions are such as 10	® ⊕ Other
c. Were medications prescribed?	u Handa / Einnaus
Pain Anti-inflammatory Antibiotic Nervousness	n. Hands / Fingers
Other	
FOLLOWING THE ACCIDENT / IN HIRV	⊕ Other
E. FOLLOWING THE ACCIDENT / INJURY	
1. How much later did additional symptoms develop?	o. Buttocks
Immediately Hours That Evening Next Morning	
ODays OWeek OMonth	⊕ Other
2. What additional symptoms developed?	p. Hips
a. Head	
Pain Stiffness Numbness Tingling	® ⊕ Other
Other	
	q. Thighs
b. Jaw	® □ Pain
Pain Stiffness Numbness Tingling	® © Other
Other	C Culoi
Council	r. Knees
c. Neck	® □ Pain ® □ Stiffness ® □ Numbness ® □ Tingling
	® Other
Pain Stiffness Numbness Tingling Other	(R) COttlet
Outner	a Lava
d Hanny / Middle Do-ly	s. Legs
d. Upper / Middle Back	
Pain Stiffness Numbness Tingling	
Other	
	t. Ankles
e. Lower Back	
○Pain ○Stiffness ○Numbness ○Tingling	⊕ Other
Other	
	u. Feet / Toes
f. Pelvis	
Pain Stiffness Numbness Tingling	® ⊕ Other
Other	
	v. Other
g. Chest / Rib Cage	
Pain Stiffness Numbness Tingling	3. Since your accident / injury have you suffered from?
Other	
h Abdaman	ODouble Vision Olifficulty Breathing Vomiting
h. Abdomen	Reduced Vision Palpitations Frequent Urination
Pain Stiffness Numbness Tingling	Impaired Hearing Constipation Inability To Hold Urine
Other	Ringing In Ears Diarrhea Painful Urination
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ΛΛ	Additionally have you		y of the following?		osis And Treatment Recommendati	on:		
		Convulsions	Restlessness	Diagno	osis And Treatment Recommendati	OH.		
		Dizziness	○ Insomnia					
		Headaches	Light Sensitivity					
		-ainting	Reduced Appetite					
		oss Of Balance	○ Weakness					
	•	Fatigue	Weight Gain	g. Plastic	Surgeon O Name:			
	Other	auguo	Weight Loss	_	osis And Treatment Recommendati	on.		
	o anor		VVoignt 2000	Diagno	olo / tila Trodulloni Trodollillonidati	011.		
5. <i>A</i>	Are you restricted in a	any of the follow	ving areas as a					
	D 11 11 1		D " 14 " "					
		upational/Work C	Recreational Activities					
(Other			h Dayaha	legict - Name			
6 L	lave you missed wor	rk due to this ac	cident / injury2	_	logist O Name: psis And Treatment Recommendati	001		
	Missed No Work		Limited Work Activity	Diagric	osis And Treatment Necommendati	OH.		
	Missed Work From:	/ / To:	//					
	Other	/ / 10.						
	Other							
7. F	Did you self treat you	ır symptoms?						
	-		The-Counter Medication	i. Other	○ Name:	○ T	vpe:	
	Other)	
				Diagno	osis And Treatment Recommendati	on:		
8. [oid you seek medical	l care elsewhere	?					
	a. General Practitione							
	 Diagnosis And Treatm 	nent Recommendatio	n:					
				9. Have you	had any of the following te	ests?		
				CT Scan	→ MRI	gnostic Stud	dies	
_				Other				
k		Name:						
	Diagnosis And Treatm	nent Recommendation	n:		he reason for seeking toda			tion?
					Complaints	Of Sympto	ms	
				Other				
				E INSURAN	CE / ATTORNEY INFO	RMATIC)N	
							Yes	No
	c. Chiropractor ON	Name:			contacted an insurance ac ntative regarding this clai			
	Diagnosis And Treatm		n:	-			∞	N
	Diagnosis And Treatin	nent Neconinendation	···	Company:				
				Adjuster:				
				Claim #:				
				2. Have you	engaged services of an at	torney?	(T)	(N)
C	d. Neurologist ON	Name:		Attorney:				
	 Diagnosis And Treatm 		n:	-				
				Address:				
				City:	State: Zip:			
				Phone:	•			
				i ilolie.				
				3. Have you	filed an accident / injury re	port?	ூ	(N)
E	e. Orthopedist ON	Name:			<u> </u>			
	 Diagnosis And Treatm 	nent Recommendatio	n:	4. Have you	filed for insurance benefit	s?	ூ	(N)
				Patient's Or	Guardian Signature:	Date:		
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