FOR AUTO ACCIDENTS AND WORK INJURIES

PLEASE COMPLETE THE FOLLOWING QUESTIONS

PATIENT'S NAME_____SS#_____DATE_____

DATE OF ACCIDENT_____TIME_____LOCATION_____

HOW DID ACCIDENT OCCUR? ☐ AUTO ACCIDENT ☐ ON-THE-JOB INJURY ☐ OTHER_____

IF NOT AN AUTO ACCIDENT, PLEASE DESCRIBE THE CIRCUMSTANCES_____

_____

_____

DID YOU REPORT THE WORK INJURY TO YOUR FOREMAN OR EMPLOYER? ☐ YES ☐ NO

DID THEY RECOMMEND CARE AT OUR OFFICE? ☐ YES ☐ NO

FOR AUTO ACCIDENTS: WERE YOU ☐ DRIVER ☐ PASSENGER ☐ PEDESTRIAN

WERE YOU STRUCK FROM: ☐ BEHIND ☐ RIGHT SIDE ☐ LEFT SIDE ☐ FRONT ☐ AUTO WAS PARKED

DID YOUR VEHICLE STRIKE THE OTHER(S) INVOLVED? ☐ YES ☐ NO

OR DID THE OTHER VEHICLE(S) STRIKE YOURS? ☐ YES ☐ NO ☐ UNDETERMINED

AS A RESULT OF THE ACCIDENT, WERE TRAFFICE CITATIONS ISSUED TO YOU? ☐ YES ☐ NO

TO THE DRIVER OF THE OTHER VEHICLE? ☐ YES ☐ NO ☐ UNKNOWN

TO THE DRIVER OF YOUR VEHICLE? ☐ YES ☐ NO ☐ UNKNOWN

LIST THE EXTENT OF INJURIES AS YOU KNOW THEM _____

_____

_____

DID YOU REQUIRE POST ACCIDENT HOSPITALIZATION? ☐ YES ☐ NO ☐ EMERGENCY ROOM ONLY

CHECK SYMPTOMS YOU HAVE NOTICED SINCE YOUR ACCIDENT:

☐ HEADACHE	☐ DIZZINESS	☐ LIGHT BOTHERS EYE	☐ DIARRHEA
☐ NECK PAIN	☐ HEAD SEEMS HEAVY	☐ LOSS OF MEMORY	☐ FEET COLD
☐ NECK STIFF	☐ PINS & NEEDLES IN ARMS	☐ EARS RING	☐ HANDS COLD
☐ FATIGUE	☐ PINS & NEEDLES IN LEGS	☐ FACE FLUSHED	☐ STOMACH UPSET
☐ BACK PAIN	☐ NUMBNESS IN FINGERS	☐ BUZZING IN EARS	☐ CONSTIPATION
☐ NERVOUSNESS	☐ NUMBNESS IN TOES	☐ LOSS OF BALANCE	☐ COLD SWEATS
☐ TENSION	☐ SHORTNESS OF BREATH	☐ FAINTING	☐ FEVER
☐ IRRITABILITY	☐ SLEEP PROBLEMS	☐ LOSS OF SMELL	☐ _____
☐ CHEST PAIN	☐ DEPRESSION	☐ LOSS OF TASTE	☐ _____

SYMPTOMS OTHER THAN ABOVE_____

_____

HAVE YOU LOST ANY DAYS OF WORK OR SCHOOL SINCE THE ACCIDENT? ☐ NO ☐ YES

IF YES GIVE DATES_____

INSURANCE COMPANIES INVOLVED:

MY INSURANCE:_____POLICY#_____

OTHER PARTY'S_____POLICY#_____

HAVE YOU BEEN CONTACTED BY AN INSURANCE ADJUSTER

OR COMPANY REGARDING THIS ACCIDENT? ☐ YES ☐ NO

DO YOU HAVE AN ATTORNEY THAT HAS ADVISED YOU IN THIS CASE? ☐ NO ☐ YES

IF YES, PLEASE GIVE NAME OF ATTORNEY BELOW:

ATTORNEY'S NAME_____PHONE#_____

ATTORNEY'S ADDRESS_____