Evan Rush, D.C.
2755 N. Wickham Rd. Suite 104
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## Motor Vehicle Accident Information

| Last Name: | Date of Accident: |
|---|---|
| First Name | Insurance Carrier: |
| Middle Initial: | Claim #: |

**General Information:**
Where were you seated? Circle one

| Driver | or | Passenger | Front | Middle | Rear |
|---|---|---|---|---|---|
| | | | Left | Middle | Right |

Work from Left to right and Circle one

| YOUR Vehicle | **Type:** | Car / Van / Truck / SUV / Other: |
|---|---|---|
| | **Size:** | Subcompact / Compact / Midsize / Full size |
| | **Action:** | Stopped / Slowing / Accelerating / Cruising |
| | **Speed: (mph)** | |
| | **Time of accident:** | Dawn / Daylight / Dusk / Dark |
| | **Road Condition:** | Dry / Damp / Wet / Snow / Ice |
| | **Visibility:** | Good / Fair / Poor |
| | **Damage to Vehicle:** | Minimal / Moderate / Extensive / Totaled / Unsure |

**Impact Information:**
What made the impact?

| ☐ Vehicle | **Vehicle Type:** | Car / Van / Truck / SUV / Other: |
|---|---|---|
| | **Size:** | Subcompact / Compact / Midsize / Full size |
| ☐ Object | **If object, what was it?:** | |
| Impact Location on YOUR vehicle | | |

Did you then impact something else? ☐ No (Skip below) ☐ Yes (Fill out below)

| ☐ Vehicle | **Vehicle Type:** | Car / Van / Truck / SUV / Other: |
|---|---|---|
| | **Size:** | Subcompact / Compact / Midsize / Full size |
| ☐ Object | **If object, what was it?:** | |
| Impact Location on YOUR vehicle | | |

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**During Impact Information:**

| Seat Belt? | ☐ Yes ☐ No | | Seatback position change | ☐ Yes ☐ No |
|---|---|---|---|---|
| Brakes applied | ☐ Yes ☐ No | | Seat broken | ☐ Yes ☐ No |
| Body thrown | ☐ Yes ☐ No | | Air bag deployed | ☐ Yes ☐ No |
| Direction of throw | ☐ Forward ☐ Backward ☐ Left ☐ Right ☐ Unsure ☐ Other: | | | |
| | | | | |
| Body position | ☐ Straight ☐ Rotated Left ☐ Rotated Right ☐ Unsure ☐ Other: | | | |
| Head position | ☐ Straight ☐ Rotated Left ☐ Rotated Right ☐ Unsure ☐ Other: | | | |
| Head motion | ☐ Forward ☐ Backward ☐ Left ☐ Right ☐ Unsure ☐ Other: | | | |
| Prepared for accident | ☐ Unexpected ☐ Expected ☐ Expected and Braced | | | |

**Body Impact (Indicate any parts of your body that were struck during impact)**

| ☐ Head | ☐ Neck | ☐ Upper Back | ☐ Mid Back | ☐ Lower Back |
|---|---|---|---|---|
| ☐ Left Shoulder | ☐ Right Shoulder | ☐ Left Hip | ☐ Right Hip | ☐ Other: |
| ☐ Left Arm | ☐ Right Arm | ☐ Left Thigh | ☐ Right Thigh | |
| ☐ Left Elbow | ☐ Right Elbow | ☐ Left Knee | ☐ Right Knee | |
| ☐ Left Hand | ☐ Right Hand | ☐ Left Leg | ☐ Right Leg | |
| ☐ Chest | ☐ Abdomen | ☐ Left Foot | ☐ Right Foot | |

**After Impact / Accident Information:**

| Immediately After Accident | ☐ Dizzy/dazed ☐ Upset ☐ Disoriented ☐ Unconscious<br>☐ Headache ☐ Nervous ☐ Weak ☐ Other: |
|---|---|

**Pain (Indicate if you experienced any pain immediately following the accident)**

| ☐ Head | ☐ Neck | ☐ Upper Back | ☐ Mid Back | ☐ Lower Back |
|---|---|---|---|---|
| ☐ Left Shoulder | ☐ Right Shoulder | ☐ Left Hip | ☐ Right Hip | ☐ Other: |
| ☐ Left Arm | ☐ Right Arm | ☐ Left Thigh | ☐ Right Thigh | |
| ☐ Left Elbow | ☐ Right Elbow | ☐ Left Knee | ☐ Right Knee | |
| ☐ Left Hand | ☐ Right Hand | ☐ Left Leg | ☐ Right Leg | |
| ☐ Chest | ☐ Abdomen | ☐ Left Foot | ☐ Right Foot | |

| **Numbness:** | ☐ Left Hand ☐ Right Hand ☐ Left Arm ☐ Right Arm<br>☐ Left Foot ☐ Right Foot ☐ Left Leg ☐ Right Leg ☐ Other: |
|---|---|

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**Later Symptoms (Please note any symptoms that started after the accident occurred)**

| | |
|---|---|
| Head | ☐ Headache ☐ Loss of Memory ☐ Light Headedness ☐ Fainting<br>☐ Blurred Vision ☐ Double Vision ☐ Dizziness ☐ Pain in ear<br>☐ Other: Specify |
| Neck | ☐ Pain in Neck ☐ Muscle Spasms ☐ Popping in Neck<br>☐ Other: Specify<br><br>Pain with motions:<br>☐ Forward ☐ Backward ☐ Turn Left ☐ Turn Right |
| Shoulders | ☐ Pain in Shoulder joint ☐ Tension in Shoulder ☐ Shoulder Spasm<br>☐ Other: Specify<br><br>☐ Can't Raise Arms: ☐ Above shoulder level ☐ Over head |
| Mid back | ☐ Mid back pain ☐ Pain between Shoulders ☐ Pain in Kidney Area<br>☐ Muscle Spasms ☐ Rib Pain ☐ Pain with breathing<br>☐ Other: Specify |
| Lower Back | ☐ Low Back Pain ☐ Muscle Spasms in Low Back<br><br>Low Back pain is worse when<br><br>☐ Working ☐ Lifting ☐ Stooping ☐ Standing ☐ Walking<br>☐ Sitting ☐ Bending ☐ Coughing ☐ Lying Down ☐ Driving<br>☐ Other: Specify |
| Hips, Legs, & Feet | ☐ Pain in Buttocks ☐ Pins and Needles in Legs ☐ Pain down Leg<br>☐ Pain in Hip Joint ☐ Feet Feel Cold ☐ Swollen Feet ☐ Knee Pain<br>☐ Numbness in toes ☐ Numbness of Leg ☐ Cramps in Leg/Foot<br>☐ Other: Specify |
| Arms and Hands | ☐ Pain in Fingers ☐ Numbness in Left Arm ☐ Numbness in Right Arm<br>☐ Pins and Needles in Hands ☐ Pins and Needles in Fingers<br>☐ Swollen joints ☐ Cold hands ☐ Loss of grip strength |
| Chest | ☐ Chest Pain ☐ Rib pain ☐ Shortness of Breath ☐ Breast Pain ☐<br>Other: Specify |
| Abdomen | ☐ Nervous Stomach ☐ Nausea ☐ Diarrhea ☐ Gas ☐ Constipation<br>☐ Other: Specify |
| General | ☐ Nervousness ☐ Fatigue ☐ Irritable ☐ Depressed ☐ Cramping<br>☐ Generally Feel Run Down ☐ Difficulty Urinating ☐ Irregularity<br><br>☐ Loss of Sleep : ______ hours per night<br>☐ Loss of Weight : ______ lbs ☐ Other:<br>☐ Weight Gain : _____ lbs |

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**Medical Information (Did you get medical care for this accident before coming to our office)**

| | |
|---|---|
| Medical Care | ☐ Yes ☐ No |
| Time of care | ☐ At time of accident ☐ Next day<br>☐ Later that day ☐ Days Later: (Specify #) |
| Transported | ☐ Drove self ☐ Ambulance ☐ Drove by Other: |
| Went to | ☐ ER ☐ Family Doc ☐ Chiropractor ☐ Orthopedist ☐ Neurologist<br>☐ Other: (Specify) |
| Test: | ☐ X-ray ☐ MRI ☐ CT Scan ☐ Lab Work ☐ None<br>☐ Other: |
| Treatment: | ☐ Medication ☐ Ice Pack ☐ Hot Pack ☐ Neck Brace ☐ None<br>☐ Other: |
| Admitted to hospital? | ☐ Yes ☐ No Days Spent in Hospital: |

**Previous Injuries**

| | |
|---|---|
| Previous Injuries/Accidents | ☐ No ☐ Yes, Describe: |
| Residual pain from Previous Injuries/Accidents | ☐ No ☐ Yes, Describe: |

**Signature:**________________________________________ **Date:**________________________