

NEW PATIENT INFORMATION (auto accidents)

For Office use Only
Patient #

Patient's First Name _____ Middle _____ Last _____ Date _____
Address _____ City _____ Zip Code _____
Home Phone _____ Cell Phone _____
E-mail _____ Social Security # _____
Employer Name _____
Job Title _____ Work Phone # _____
Date of Birth _____ Age _____ Gender Male Female Handedness? R L
Weight _____ Height _____ Marital Status S M W D
Spouse's Name _____ Spouse's Date of Birth _____
Person responsible for this account _____

Health Insurance Company _____ Phone number _____
Policy/Member ID # _____ Group # _____
Address _____ City _____ Zip Code _____
Adjuster _____ Phone Number _____
Name of the insurance card holder _____
Social Security # of card holder _____
Name of their employer _____ Employer Phone # _____
Children names and ages _____

Car Insurance Company _____
Address _____ City _____ Zip Code _____
Adjuster _____ Phone # _____
Agent _____ Phone # _____
Policy # _____ Claim # _____
Drivers License # _____
Name of Insured on your Car Policy _____ Date of Loss/Accident? _____

Medical Coverage? _____ Uninsured Motorist Coverage? _____

Underinsured Motorist Coverage? _____

Personal Injury Protection (PIP) Y N \$ _____

Medical expenses to date as a result of the accident? \$ _____

Lost wages since accident \$ _____

What is the repair amount of your car? \$ _____

Lawyer/ Law Firm _____ Phone # _____

Address _____ City _____ Zip Code _____

In case of emergency, whom should we contact? _____

Phone # _____

Family physician _____ Phone # _____

Address _____ City _____ Zip Code _____

Date you first saw any Doctor after accident _____

Is this Workman's Compensation? _____ Is this Personal Injury? _____

Have you received any medical treatment since your accident? Y N

Hospital _____ Cost _____

Medical Doctor _____ Cost _____

Chiropractor _____ Cost _____

Other _____ Cost _____

ACCIDENT QUESTIONNAIRE

Patient's Name _____ Date of incident _____ Today's Date _____

DESCRIBE YOUR VEHICLE

1. Vehicle Type :

- a. Sports Car
- b. Coupe
- c. Sedan
- d. Sports Utility Vehicle
- e. Station Wagon
- f. Pick-up truck
- g. Bus
- h. Other: _____

Make: _____ Year: _____

Model: _____ Estimated Speed: _____

2. Vehicle Size:

- a. Compact
- b. Mid-Sized
- c. Full-Sized

DESCRIBE THE ACCIDENT

3. Date of Accident: _____

4. Actions of patient's vehicle:

- a. crossing an intersection
- b. stopped at an intersection
- c. stopped for a pedestrian
- d. stopped for traffic
- e. traveling at posted speed limit
- f. traveling faster than the posted speed limit
- g. turning

5. How was the patient's vehicle hit:

- a. hit head-on
- b. was hit on the left front
- c. was hit on the right front
- d. was hit on the left rear
- e. was hit on the right rear
- f. was rear-ended
- g. Other: _____

6. Damage to patient's vehicle:

- a. complete
- b. extensive
- c. minimal
- d. moderate

7. Describe the second vehicle:

- a. compact
- b. full size
- c. mid size
- d. semi trailer
- e. pick-up truck

Make: _____ Year: _____

Model: _____ Estimated Speed: _____

8. Damage to the other vehicle?

- a. complete
- b. extensive
- c. minimal
- d. moderate

9. Weather Conditions

- a. Clear
- b. Cloudy
- c. Drizzling
- d. Foggy
- e. Rainy
- f. Snowy
- g. Stormy
- h. Sunny

10. Road Conditions

- a. Damp
- b. Dry
- c. Dry with icy patches
- d. Iced over
- e. Snowed over
- f. Wet

DESCRIBE THE MOMENT OF IMPACT

11. Body position at time of impact:

- a. leaning forward
- b. slouched down in seat
- c. straight
- d. turned to the left
- e. turned to the right

12. Direction body was thrown:

- a. backward then forward
- b. forward then backward
- c. to the left
- d. to the right
- e. about the vehicle
- f. outside the vehicle
- g. under the vehicle

13. Head position at impact:

- a. straight
- b. tilted forward
- c. turned to the left
- d. turned to the right

14. Direction head was thrown:

- a. backward then forward
- b. forward then backward
- c. side to side

15. Type of restraint:

- a. lap belt
- b. shoulder belt
- c. shoulder lap belt

16. Place patient was seated in the vehicle:

- a. Driver
- b. front passenger
- c. back passenger driver side

- d. back passenger right side
- e. back passenger middle
- f. other _____

17. Did Airbags deploy:
- a. yes
 - b. no
18. Were you seen at a Medical Facility following your accident:
- a. Yes
 - b. No
- If so name and address of the facility:

Patient Signature _____

SYMPTOMS

Patient's Name _____ Date of incident _____ Today's Date _____

CIRCLE ALL YOU COMPLIANTS

3. DO YOU HAVE LACERATIONS, CUTS OR BRUISING? :

- a. Head or Face
- b. Neck
- c. Seat belt bruising
- d. Cuts or bruising on your chest
- e. Cuts or bruising on arms
- f. Cuts or bruising on legs
- g. Other: _____

4. HEAD INJURIES: (now or at the time of the accident)

- a. Were you knocked out or unconscious
- b. Headaches
- c. Face pain
- d. Pupils different sizes
- e. Dizziness
- f. Difficulty walking
- g. Balance problems
- h. Room spins
- i. Disoriented Confusion
- j. Day dreaming
- k. Attention problems
- l. Hearing problems
- m. Change in sense of smell or taste
- n. Difficulty speaking
- o. Memory problems
- p. Very tired or fatigued
- q. Appetite change
- r. Sleep difficulties
- s. Visual Disturbances, blurry or double vision
- t. Flashbacks to accident
- u. Problems to read or write
- v. Problems adding or subtracting

- w. Problems learning new things
- x. Problems understanding
- y. Problems remembering numbers
- z. Difficulty Concentrating
- aa. Difficulty remembering things
- bb. Difficulty making decisions
- cc. Change in Sexual Functioning
- dd. Nausea / Vomiting
- ee. Change of personality
- ff. Wanting to be alone
- gg. Mood swings
- hh. Sadness
- ii. Agitation
- jj. Anger
- kk. Helplessness
- ll. Reduce confidence
- mm. Apathy
- nn. Irritability
- oo. Sleepiness
- pp. Frustration
- qq. Impatience
- rr. Other head related issues

5. JAW PROBLEMS:

- a. Jaw pain
- b. Clicking
- c. Pain while chewing
- d. Pain while talking
- e. Pain while yawning
- f. Pain while moving jaw from side to side

6. NECK INJURIES:

- h. Neck pain

- i. Neck pain, numbness, tingling, weakness that radiates or goes down to RIGHT shoulder, arm, forearm or hand
- j. Neck pain, numbness, tingling, weakness that radiates or goes down to LEFT shoulder, arm, forearm or hand
- k. Neck pain, numbness, tingling, weakness that radiates or goes down to RIGHT UPPER BACK
- l. Neck pain, numbness, tingling, weakness that radiates or goes down to LEFT UPPER BACK
- m. Neck pain that causes headaches
- n. Neck spasms or shoulder spasms
- o. Popping, clicking or clunking sound with neck movement

7. SHOULDER INJURIES

- h. Shoulder pain LEFT RIGHT BOTH
 - i. Shoulder pain with movement L R BOTH
 - j. Shoulder spasms LEFT RIGHT BOTH
 - k. Sharp shoulder pain
 - l. Dull shoulder pain
 - m. Achy shoulder pain
 - n. Pins and needles shoulder pain
 - o. Shoulder pain that radiates or shoots pain into arm
 - p. Other:
-

8. UPPER ARM PAIN: RIGHT LEFT BOTH

- e. Dull
 - f. Ache
 - g. Sharp
 - h. Stabbing
 - i. Other
-

9. ELBOW PAIN: RIGHT LEFT BOTH

- a. Dull
 - b. Ache
 - c. Sharp
 - d. Stabbing
 - e. Other
-

10. FOREARM: RIGHT LEFT BOTH

- a. Dull
 - b. Ache
 - c. Sharp
 - d. Stabbing
 - e. Other
-

11. WRIST PAIN: RIGHT LEFT BOTH

- a. Dull
 - b. Ache
 - c. Sharp
 - d. Stabbing
 - e. Other
-

12. HAND PAIN: RIGHT LEFT BOTH

- a. Dull
 - b. Ache
 - c. Sharp
 - d. Stabbing
 - e. Other
-

13. MID BACK PAIN OR UPPER BACK PAIN

- a. Upper or mid back pain
- b. Upper back pain, numbness, tingling, weakness that radiates or goes down to RIGHT shoulder, arm, forearm or hand
- c. Upper back pain, numbness, tingling, weakness that radiates or goes down to LEFT shoulder, arm, forearm or hand
- d. Upper or mid back spasms

14. LOW BACK PAIN:

- a. Low back pain
- b. Low back pain, numbness, tingling, weakness that radiates or goes down to RIGHT buttock, thigh, leg or foot
- c. Low back pain, numbness, tingling, weakness that radiates or goes down to LEFT buttock, thigh, leg or foot
- d. Low back spasms

15. PELVIC OR SACRAL PAIN

- a. Pelvic pain, numbness, tingling, weakness that radiates or goes down to RIGHT buttock, thigh, leg or foot

- b. Pelvic pain, numbness, tingling, weakness that radiates or goes down to LEFT buttock, thigh, leg or foot
- c. Sacral pain (tail bone)
- d. Coccygeal or coccyx (tail bone) pain

16. HIP PAIN: RIGHT LEFT BOTH

- a. Hip pain
- b. Hip pain, numbness, tingling, weakness that radiates or goes down to buttock, thigh, leg or foot

17. UPPER LEG PAIN: RIGHT LEFT BOTH

- a. Upper leg pain that radiates to knee
- b. Upper leg spasms

18. KNEE PAIN: RIGHT LEFT BOTH

- a. Knee pain that radiates to calf
- b. Knee pain that radiates to calf and ankle
- c. Knee pain that radiates to calf, ankle and foot

19. ANKLE PAIN: RIGHT LEFT BOTH

- a. Ankle pain that radiates to foot
- b. Ankle and foot pain

20. FOOT PAIN: RIGHT LEFT BOTH

21. CHEST PAIN

22. STOMACH PAIN

23. OTHER SYMPTOMS:
