

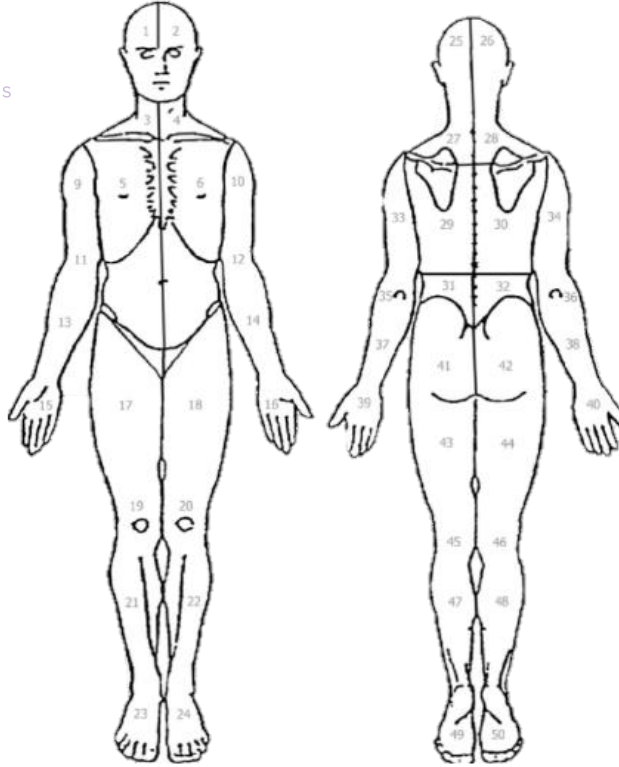
Name: _____ Date: _____

Address: _____ City: _____ State: _____ ZIP: _____

Date of Birth: _____ Date of Injury: _____ Gender: Male Female

Please note your symptoms since the accident on the picture below using the following notations:

Abrasion	Contusion	PAIN	Numbness/Tingling	Spasms	Stabbing
=====	0000	XXXX	NNNN	SSSS	/////



SYMPTOMS: Please check all that you have experienced since the crash.

- | | | |
|--|--|--|
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Visual Disturbance | <input type="checkbox"/> Fatigue |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Sensitivity to Light | <input type="checkbox"/> Balance Problems |
| <input type="checkbox"/> Difficulty Concentrating | <input type="checkbox"/> Sensitivity to Sound | <input type="checkbox"/> Stiffness |
| <input type="checkbox"/> Stress (Anxiety/Depression) | <input type="checkbox"/> Ringing in Ears | <input type="checkbox"/> Muscle Spasms |
| <input type="checkbox"/> Sleep Disturbance | <input type="checkbox"/> Nausea | <input type="checkbox"/> Radiating Pain |
| <input type="checkbox"/> Behavioral Changes | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Numbness/Tingling |
| <input type="checkbox"/> Difficulty Remembering | <input type="checkbox"/> Grinding/Clenching of Teeth/TMJ | <input type="checkbox"/> Range of Motion Limitations |

- Loss of Consciousness: Duration _____
- Superficial Injuries (Abrasions, Contusions, Lacerations, Burns): Body Part(s) _____
- Hit a Body Part Inside the Vehicle: Body Part(s) & Vehicle Part(s) _____

DUTIES UNDER DURESS / LOSS OF ENJOYMENT: tasks that are **difficult** due to pain or you are **unable** to perform

- Work
- Study
- Domestic Duties (Tasks inside the home: cleaning, cooking, child care, personal hygiene...)
- Household Duties (Tasks outside the home: driving, taking out trash, yardwork...)
- Hobbies
- Sports (Any type from recreational to professional)

Signature: _____ Date: _____

Physician Signature: _____ Date: _____

