

# NEXUS

## HEALTHCARE

**Were you injured in a motor vehicle collision (是否出車禍)?**

☐ No(否)

Date of injury(受傷日期): \_\_\_\_\_

Please describe the injury(請描述受傷細節): \_\_\_\_\_

\_\_\_\_\_

☐ Yes(是)

Date of collision(車禍日期): \_\_\_\_\_

Please describe the collision(請描述車禍細節): \_\_\_\_\_

\_\_\_\_\_

### Motor Vehicle Collision PI History

1. Were you wearing a seatbelt(有繫好安全帶嗎)?

☐ Yes(有) ☐ No(沒有)

2. What was your position in the car(您坐在哪個座位)?

☐ Driver  
(駕駛座)

☐ Front  
Passenger  
(副駕駛座)

☐ Left Rear  
(左後方)

☐ Right Rear  
(右後方)

3. What is the year/make/model of **YOUR** vehicle(請問您車子生產年份、廠牌、型號)?

Year(車子生產年份): \_\_\_\_\_ ☐ I don't know(不知道)

Make(廠牌): \_\_\_\_\_ ☐ I don't know(不知道)

Model(型號): \_\_\_\_\_ ☐ I don't know(不知道)

4. What direction did the impact come from(是從哪方向被撞到的)?

☐ Left  
(左)

☐ Right  
(右)

☐ Front  
(前)

☐ Rear  
(後)

☐ Other  
(其它)

\_\_\_\_\_

5. What is the year/make/model of **THE OTHER** vehicle(請問另一台車子生產年份、廠牌、型號)?

Year(車子生產年份): \_\_\_\_\_ ☐ I don't know(不知道)

Make(廠牌): \_\_\_\_\_ ☐ I don't know(不知道)

Model(型號): \_\_\_\_\_ ☐ I don't know(不知道)



**Motor Vehicle Collision PI Details**

1. Do you know the approximate speed of **your** vehicle when the collision occurred (是否知道您車子的速度)?  
☐ No(否)      ☐ Yes(是): \_\_\_\_\_ mph
2. Do you know the approximate speed of the **other** vehicle when the collision occurred (是否知道另一台車子的速度)?  
☐ No(否)      ☐ Yes(是): \_\_\_\_\_ mph
3. Did the airbags deploy (安全氣囊有彈出來嗎)?  
☐ Yes(有)      ☐ No(沒有)
4. Were you rendered unconscious as a result of the accident (有被撞到昏迷嗎)?  
☐ Yes(有)      ☐ No(沒有)      ☐ I don't know (不知道)

**Motor Vehicle Collision Mechanism of Injury**

- A. In relation to your head, was your headrest set middle or low (頭枕的位置有偏中間或偏低嗎)?  
☐ No / I don't know (沒有 / 不知道)      ☐ Middle - against the middle of the back of my head (偏中間 - 靠著後腦勺)      ☐ Low - against my neck (偏低 - 靠著脖子)
- B. Were you surprised by the impact (是否被撞擊嚇到)?  
☐ Yes(是)      ☐ No(否)
- C. Was your head rotated/inclined before impact (撞擊前臉有朝著左右方嗎? 頭有前後傾斜嗎)?  
☐ No (沒有)      ☐ Yes, turned left (臉朝著左方)      ☐ Yes, turned right (臉朝著右方)      ☐ Yes, inclined (頭有向前／後傾斜的)
- D. Did you feel pain immediately? (撞擊時有立刻感覺疼痛嗎)?  
☐ No(沒有)      ☐ Yes, in the following areas (有, 立刻痛在於):  


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**Motor Vehicle Collision Additional Information**

- A. If "Driver", which hand was on the steering wheel? (您是駕駛嗎? 是哪支手握住方向盤)?  
☐ Both (雙手)      ☐ Left (左手)      ☐ Right (右手)      ☐ Neither (雙手都不在方向盤上)
- B. Were you able to brace for the impact (撞擊當下有做任何保護自己的動作嗎)?  
☐ Yes, with my hands (有, 用了手)      ☐ Yes, with my feet (有, 用了腳)      ☐ No (沒有)



C. Did a body part strike any part of your vehicle (您身體有撞到車子裡的任何地方嗎) ?

☐ Yes (是) ☐ No (否)

If "Yes", please list the body part under the appropriate component (若有的話請列出被撞到的部位) :

☐ Headrest (頭枕) : \_\_\_\_\_

☐ Steering Wheel (方向盤) : \_\_\_\_\_

☐ Roof (車頂) : \_\_\_\_\_

☐ Dashboard (儀表板) : \_\_\_\_\_

☐ Left Side Door (左邊車門) : \_\_\_\_\_

☐ Right Side Door (右邊車門) : \_\_\_\_\_

☐ Left Window (左邊窗戶) : \_\_\_\_\_

☐ Right Window (右邊窗戶) : \_\_\_\_\_

☐ Other part of car (車子裡其他地方) : \_\_\_\_\_

D. Did your seat break or bend (您的座位有因為車或壞掉或變形嗎)?

☐ Yes (是) ☐ No (否)

E. How did you feel after impact (撞擊後有異常感覺嗎) ?

☐ Dizzy (頭暈) ☐ Dazed (呆滯) ☐ Weak (覺得虛弱) ☐ Upset (煩惱/沮喪) ☐ Disoriented (迷糊) ☐ Nervous (緊張) ☐ Nauseous (噁心)

☐ Other (其它): \_\_\_\_\_

☐ Nothing out of the ordinary (沒有異常感覺)

F. Was the accident reported to the police (車禍之後有報警嗎)?

☐ Yes (是) ☐ No (否)

G. Did you go to the hospital/urgent care (車禍之後您有去任何醫院或診所嗎) ?

☐ No (沒有)

☐ Yes (有)

Date (日期): \_\_\_\_\_

Where (醫院的名稱)? \_\_\_\_\_

What exams/treatment did they do (做了甚麼治療)? \_\_\_\_\_

\_\_\_\_\_

Other Relevant Information (其它重要資訊): \_\_\_\_\_