Patient Name: _____ DOB: _____ Date: _____ File #: _____

# AUTOMOBILE ACCIDENT

**DATE OF ACCIDENT** _____

Location of accident _____

Did you go to the E.R. / Hospital as a result of the accident? ☐ yes ☐ no If yes; where? _____

Were you taken by: ☐ ambulance ☐ drove yourself ☐ driven by a friend How soon after the accident? _____

Were x-rays taken? ☐ yes ☐ no Where? _____ Date of x-ray _____

Have you seen any other doctors besides the hospital doctors about this injury? ☐ yes ☐ no

If yes, who? _____

What did the doctor say your problem was? _____

What treatment, if any, did you receive? _____

Since the injury, are the symptoms: ☐ getting worse ☐ the same ☐ some better ☐ come and go ☐ constant

Are you presently able to work? ☐ yes ☐ no List any days you have missed _____

**DESCRIBE HOW THE ACCIDENT OCCURRED**

Where were you in the vehicle? ☐ driver's seat ☐ passenger seat ☐ rear seat ☐ pedestrian ☐ bicycle ☐ motorcycle

In this collision, the impact to your vehicle came from ☐ behind ☐ front ☐ driver's side ☐ passenger side

Did you strike anything in vehicle at impact? ☐ yes ☐ no What part of your body? ☐ head ☐ chest ☐ shoulder ☐ knee ☐ other?

Struck what in the car? ☐ windshield ☐ steering wheel ☐ dashboard ☐ other? Were you knocked unconscious? ☐ yes ☐ no

**PERSONAL HISTORY:**

Please list any surgeries, their dates; fractures / dislocations, particularly those relating to the spine:

_____

Have you ever had spinal x-rays, MRI, CT Scan, Bone Scan, etc.? [ ] Yes [ ] No

If yes regarding which condition? _____

**Do you have an attorney representing you regarding this accident?** ☐ yes ☐ no

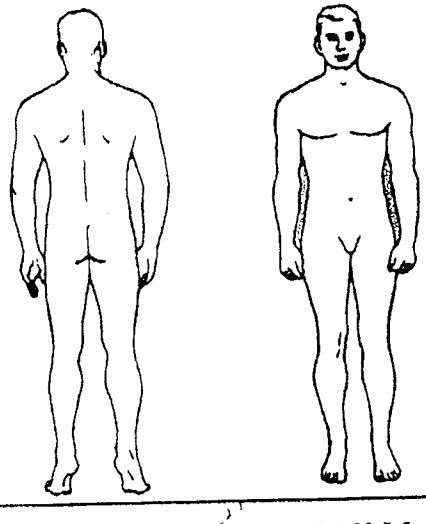
## MAJOR COMPLAINT

**Check the following areas which pertain to your complaint?**

- ☐ Headaches
- ☐ Neck Pain
- ☐ Shoulder / Arm Pain
- ☐ Numbness Arm / Legs
- ☐ Mid Back Pain (Ribs)
- ☐ Chest Pain
- ☐ Low Back Pain
- ☐ Hip / Leg Pain
- ☐ Knee / Ankle Pain
- ☐ Other

## PAIN DRAWING

**Mark areas of pain on figures below:**



## FOR WOMEN ONLY

Is it possible you are pregnant? ☐ yes ☐ no

Date of last menstrual period _____