Motor Vehicle Accident Information

All questions contained in this questionnaire are strictly confidential and will become part of your medical record.

Last name:	Fil	st:	Middle:			Marital	status (cir	de one)	
				— □ Mr. □ Mrs.	☐ Miss ☐ Ms.		/ Mar / Div		
				В	irth date:		Age:	Sex:	
Street address:		DL#:				Home	phone:		
P.O. box:	City:			Stat	State: ZIP Code:				
Occupation:	Emplo	Employer:				Employer phone:			
General Inform Date of Accide									
Location	Driver								
(circle one)	Passenger	Location (ci		ront	/ Mid	dle /	Rear		
		Position (ci	rcle one)	Left ,	/ Middle	2 /	Right		
Work from Left Primary Vehicle	Size : Mini / Sut Action : Stopped	Van / Picku Comp / compa / Slowing / A	ct / Mid Size / F	us / SUV / ull Size sing	M. Cycle /	Other:			
	Speed: (MPH) Time of Accident:	I Daniel							
	Road Condition :	Day Light			ark				
	Visibility:								
	THE RESERVE OF THE PARTY OF THE			oor		THE PARTY NAMED IN	*****************		
Impact Inform	<u>Enter int</u>	<u>act Informati</u>	on for up to thre	e Vehicles	or Object	<u>f</u> g			
(Select one)	ation: Vehicle or O Name Object:	pject (1)							
(Science Sire)	Vehicle Type :	Car / Var	1 / Pickup /	Truck /	Bus / Cli	1 / 1 / 1 / 1	C -1 1011	Constitution of the state of th	
☐ Vehide	The state of the s	Car / Van / Pickup / Truck / Bus / SUV / M. Cycle / Other: Size: Mini / Sub Comp / compact / Mid Size / Full Size							
□ Object	Damage to Veh.: Minimal / Moderate / Extensive / Totaled / Unsure								
Impact Location					500000 53 11 mil 3 40000 (100 mil 3 100 mil 3	STOCK MINISTERS OF THE STOCK S			
Impact Informa	ation: Vehicle or O	bject (II)			TATIFE EARLY MICHELLING CONTROL (A.M.) MICHELLING CONTROL (A.M.) MICHELLING CONTROL (A.M.)	THE RESERVE OF THE PARTY OF THE			
(Select one)	Name Object :			-					
,	Vehicle Type :	Circle Ottel.						er:	
☐ Vehide	JIZE .	riiii / Sub Co	mp / compact / r	110 Size /	Full Size	Track and the contract of the contract of the contract of the		************	
□ Object	Damage to Veh.:	Minimal / M	oderate / Exter	sive / To	otaled /	Unsure			
Impact Location	None in the second seco								

(Select one)	Name Object	The second second second second	- manner - men yan Milit Milit Manner dan kantan melangkan Andre China pengendahan Milit Salam at Dalam yangkan					
C Mahida	Vehide Type	: Car /	Car / Van / Pickup / Truck / Bus / SUV / M. Cycle / Other:					
□ Vehide	Size :	Mini / :	Mini / Sub Comp / compact / Mid Size / Full Size					
☐ Object	Damage to Ve	eh.: Minin	nal / Mod	derate / Extensive	/ Totaled /	Unsure		
Impact Location					HTTER OF STEEL AND			
During Impact	Information	1:			Production of the section of the sec			
Se	eat Belt?	☐ Yes	□ No	Brakes /	Applied ?	☐ Yes ☐ No		
Air Bag Deployed?		☐ Yes	□ No	Seat	Broken ?	☐ Yes ☐ No		
eat Back position Cl	nanged?	☐ Yes	□ No					
Head Rest	: (Circle one)	Low	/ Mid	d / High	/ None			
Prepare for Accident	ETYCH POLYT AND SON AND SON AND SON AND SON ASSOCIATION OF SOM	Un-expec	THE PERSON NAMED AND POST OF THE PERSON NAMED IN COLUMN 2 IS NOT T	ected / Expected a	DECEMBER STANDARD AND AND AND AND AND ADDRESS OF THE PERSONS AND ADDRESS OF	We are transported to the way of the consequent constraint of the consequent		
Body Position	Material Section Company of the Comp	Straight	CONTRACTOR OF THE PROPERTY OF			/ Other:		
Body Thr	SECUCION PROGRAMMA DE PROGRAMMA	☐ Yes						
Direction of Throw :(Circle One)		WHITE AND DESCRIPTION AND DESC	Backwards / Forward / Outside / Unsure / Other:					
(Circle One)	# TO STATE OF THE PROPERTY OF	Access to the second se	Party Name of Party Street, St		MATERIAN TRANSPORTATION AND AND AND AND AND AND AND AND AND AN	n com reservos formanes a militarios e militarios de militarios autoriadades antiquimentes general e generales sale		
(Circle One) Head Position :	Straight /	Rotated Left	/ Dotato	d Right / Forward /	Unsure / O			
	****	100 000 00 12010) 100 CO CC	a ragne / Formula /	Onsure / O	urer.		
Head Motion :	Forward Back	wards / B	ackwards F	orward / Right Left	/ Left Righ	at / Unsure /		
	Forward Back Other:	wards / B	ackwards F	Forward / Right Left	: / Left Righ	t / Unsure /		
Body Impact	Other:		ackwards F	Forward / Right Left	: / Left Righ	it / Unsure /		
Body Impact ☐ Head	Other:	per Back		□ Right hand	: / Left Righ			
Body Impact ☐ Head ☐ Left Shoulder	Other:	pper Back ft Leg		□ Right hand		Back		
Body Impact ☐ Head ☐ Left Shoulder ☐ Left Arm	Other:	oper Back It Leg Int Leg		□ Right hand	□ Lower B	Back oot		
Body Impact ☐ Head ☐ Left Shoulder ☐ Left Arm	Other:	pper Back ft Leg		□ Right hand	☐ Lower E	Back oot		
Body Impact ☐ Head ☐ Left Shoulder ☐ Left Arm ☐ Left Elbow ☐ Left hand	Other:	oper Back It Leg Int Leg		☐ Right hand ☐ Mid Torso ☐ Mid Back	☐ Lower B	Back oot		
Body Impact ☐ Head ☐ Left Shoulder ☐ Left Arm ☐ Left Elbow ☐ Left hand	Other:	oper Back ft Leg ght Leg ght Shoulder		☐ Right hand ☐ Mid Torso ☐ Mid Back ☐ Right Knee	☐ Lower E	Back oot		
Body Impact ☐ Head ☐ Left Shoulder ☐ Left Arm ☐ Left Elbow ☐ Left hand ☐ Upper Front Tors	Other:	oper Back ft Leg ght Leg ght Shoulder ight Arm ght Elbow		☐ Right hand ☐ Mid Torso ☐ Mid Back ☐ Right Knee ☐ Left Knee	☐ Lower E	Back oot		
Body Impact ☐ Head ☐ Left Shoulder ☐ Left Arm ☐ Left Elbow ☐ Left hand ☐ Upper Front Tors	Other:	oper Back It Leg Ight Leg Ight Shoulder Ight Arm Ight Elbow		☐ Right hand ☐ Mid Torso ☐ Mid Back ☐ Right Knee ☐ Left Knee ☐ Lower Front Torso	☐ Lower B☐ Right F☐ Left Foo	Sack oot ot		
Body Impact Head Left Shoulder Left Arm Left Elbow Left hand Upper Front Tors	Other:	oper Back ft Leg jht Leg jht Shoulder ight Arm ight Elbow On:		☐ Right hand ☐ Mid Torso ☐ Mid Back ☐ Right Knee ☐ Left Knee	☐ Lower B☐ Right F☐ Left Foo	Sack oot ot		
Body Impact Head Left Shoulder Left Arm Left Elbow Left hand Upper Front Torse After Accident	Other:	oper Back ft Leg jht Leg jht Shoulder ight Arm ight Elbow On:		☐ Right hand ☐ Mid Torso ☐ Mid Back ☐ Right Knee ☐ Left Knee ☐ Lower Front Torso	☐ Lower B☐ Right F☐ Left Foo	Sack oot ot		
Body Impact Head Left Shoulder Left Arm Left Elbow Left hand Upper Front Tors After Acciden Immediately After Acciden	Other: Uj Ri Ri Ri Ri D Ri Cit Informati Dizz ccident:	oper Back ft Leg ght Leg ght Shoulder ght Arm ght Elbow On: cy/dazed Up er:	oset □ Wea	☐ Right hand ☐ Mid Torso ☐ Mid Back ☐ Right Knee ☐ Left Knee ☐ Lower Front Torso ak ☐ Nervous ☐ Headac	☐ Lower B☐ Right Foo	d 🗆 Unconscious		
Body Impact Head Left Shoulder Left Arm Left Elbow Left hand Upper Front Tors After Accident Immediately After Accident Head	Other: Uj Ri Ri Ri Ri D Ri Codent: Uj Codent: Codent: Uj Codent:	oper Back If Leg If Leg If Shoulder Ight Arm Ight Elbow On: Ty/dazed Up Ier:	oset □ Wea	☐ Right hand ☐ Mid Torso ☐ Mid Back ☐ Right Knee ☐ Left Knee ☐ Lower Front Torso ak ☐ Nervous ☐ Headac	☐ Lower B☐ Right Foo ☐ Left Foo ☐ Other : he ☐ Disoriente	d 🗆 Unconscious		
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☐ Head ☐ Left Shoulder ☐ Left Arm ☐ Left Elbow ☐ Left hand ☐ Upper Front Tors After Accident	Other: Uj Le Ri Ri Ri Dizz ccident: U/Oth	oper Back If Leg ght Leg ght Shoulder ight Arm ght Elbow On: cy/dazed Up er: foot Shoulder Elbow Torso back	oset 🗆 Wea	☐ Right hand ☐ Mid Torso ☐ Mid Back ☐ Right Knee ☐ Left Knee ☐ Lower Front Torso ak ☐ Nervous ☐ Headace ☐ Right foot ☐ Right Shoukler ☐ Left Arm	☐ Lower B☐ Right Foo ☐ Left Foo ☐ Other: ☐ Disoriente ☐ Left Knee	d 🗆 Unconscious		

Medical Informa	ation					
Medical Care?	Yes [□ No				
Time of care N	ovt day / A	t time of Against / Laboratory				
	Next day / At time of Accident / Later that Day / Days Later: (Specify) Drove Self / Ambulance / Other					
Admitted to	Orthopedic / Chiropractor / Neurologist / Family Doc / ER / Other:(Specify) ☐ Yes ☐ No Days Spent in Hospital:					
	and the state of t					
	□ X-ray □ Lab Work □ MRI □ CT Scan □ Other:(Specify) □ Ice Pack □ Hot Pack □ None □ Cervical Collar □ Medication □ Other:(Specify)					
ricdoricit.	ICE PACK LJ II	ot Pack Linione Li Cervical Collar Li Medication Li Other: (Specify)				
Previous Injurie	S					
		☐ Yes ☐ No				
Previous Injuries / Accid	dents	Specify:				
		☐ Yes ☐ No				
Residual pain from Previous njuries/Accidents		Specify:				
Later Symptoms						
Head	☐ Headache ☐ Fainting ☐ Other Spe	□ Loss of Memory □ Pain in ear □ Double Vision				
Neck (with Movement)	☐ Pain in Ne					
	☐ Other Spe	rify:				
	☐ Pain in She	oulder joint Tension in shoulders Muscle Spasms in Shoulder				
Shoulders	☐ Pain across shoulder ☐ Cant raise arms above [] Above shoulder level [] Over head					
	Other Specify:					
Arms and Hands	☐ Pain in Fingers ☐ Numbness in Left Arm ☐ Hands Cold					
	☐ Pin & needles in hands ☐ Numbness in Right Arm ☐ Loss of Grip Strength ☐ Pin & needles in fingers ☐ Swollen joints in Fingers					
	☐ Other Specify:					
	☐ Chest pain ☐ Pain Around Ribs ☐ Shortness of Breadth ☐ Breast Pain					
Chest						
PROPER NEW PROPERTY AND CONTRACT CONTRA	☐ Other Specify: ☐ Nausea ☐ Diarrhea ☐ Gas ☐ Constination					
Abdomen						
THE CONTRACTOR OF THE PROPERTY	☐ Other Spec					
Mid back	□ Sharp Stabb □ Pain in Kidn					
	☐ Other Spec	ify:				

Later Symptoms	Contd:							
	□ Low Back Pain							
	Low back pain is worse when							
Lower Back	□ Working □ Lifting □ Stooping □ Standing □ Sitting □ Bending □ Coughing □ Lying Down □ Muscle Spasms							
	☐ Other Specify:							
Hips, Legs & Feet	□ Pain in Buttocks □ Pain and needles in Legs □ Pain down leg □ Pain in hip joint □ Feet feel Cold □ Swollen Feet □ Numbness in Toes □ Numbness of Leg □ Knee pain □ Leg cramps □ Cramps in Feet							
	☐ Other Specify:							
	□ Nervousness □ Fatigue □ Irritable □ Depressed □ Generally Feel Rundown □ Prostrate Pain/Swelling □ Difficulty Urinating □ Night Urination □ Cramping □ Irregularity							
	Loss of Sleep : [] hrs							
	Loss of weight : []lbs							
General	Gain weight : [] ibs							
	Other:							
Patient Signature:								
Date:								