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If you're in an accident refer to this guide immediately.

What Should I do following an accident?

Many accidents leave you feeling shocked and disoriented. Call 911 immediately if you are seriously injured. Remember to move out of the way of busy traffic.

You may not have pain immediately however symptoms may occur hours or days later. Left untreated these injuries can lead to painful back, neck and spinal degenerative conditions in the future. Pain immediately indicates a more serious injury due to extensive ripping and tearing of muscles, tendons and ligaments. Over the next 72 hours your injuries will continue to bleed and swell. This is part of the reason many people have delayed onset pain. Early detection and treatment is key to reduce future pain and disability.

What is the Golden Hour and why is it so important?

Early treatment can reduce the pain and severity of injuries by up to 60 percent. Delayed treatment usually results in more swelling creating more scar tissue which is responsible for chronic pain. Studies show that 30-40 percent of people involved in accidents still suffer with chronic pain when left untreated. Treatment within the first hour can reduce swelling and pain significantly. Call our office and we can get you an appointment within the first hour.

What can I do to reduce the pain and reduce my healing time?

After an auto accident it is extremely important to get evaluated by a qualified medical professional specializing in musculoskeletal injuries. We want to be sure you have not sustained any hidden injuries. That's why we encourage you to call and schedule your priority consultation and exam.

Call our office and start reducing your pain immediately with our "Total Care package"

This includes a complimentary exam, x-rays (if needed) to determine if you have experienced an injury and an ice pack so you can start reducing your swelling. Dr. Whitehead is highly trained in treating soft tissue injuries and has helped over 20,000 people find relief from their pain and suffering since 1991.

Call 512-451-7070 for your appointment!

Injury Check List

1. Move safely off the road. Get your license and insurance paperwork.
2. Call local police, DPS or 911. Do not leave the scene of the accident. Wait for the police to arrive. Do not discuss the accident with anyone except the police or your insurance agent. Stick to the facts of what happened. Do not admit fault because you may not have all the facts.
3. Collect information from witnesses, their names and phone numbers. Remember to take pictures of driver's licenses with your cell phones.
4. Fill out the accident information in this brochure. This will save time and assist police.
5. Take pictures of your vehicle and the scene with your cell phone
6. Make an appointment for your spinal evaluation. Early detection is key to reducing future pain and suffering. It is better to be safe than sorry where your health is concerned.

Symptom Check list

- Headaches
- Neck pain
- Jaw pain, clicking or popping
- Dizziness
- Short of breath
- Confused
- Blurred Vision
- Shoulder pain
- Mid back pain
- Low Back pain
- Loss of Balance
- Ringing in ears
- Tingling or numbness in the hands or feet
- Nausea
- Anxiety
- Cold hands or feet
- Forgetful
- Fatigue
- Loss of neck motion
- Black out
- Hoarseness/sore throat

The Accident

Date of accident am__ pm__ dark_____

Location (include town, cross streets and miles to the nearest town)_____

Weather conditions_____

Description of Accident_____

Police officer name_____ Badge number_____

Other Drivers Information

Name_____

Address_____

Phone work_____ home_____ cell_____

Owner of vehicle Yes/No

Driver's License number_____

Vehicle License plate number_____ Make_____ Model_____

Other Drivers Insurance Company/ Agent name_____

Insurance Policy number_____

Description of vehicle damage

Name and number of other vehicle's occupants

1. Name_____ Phone_____
2. Name_____ Phone_____
3. Name_____ Phone_____
4. Name_____ Phone_____

Name and number of witnesses

1. Name_____ Phone_____
2. Name_____ Phone_____
3. Name_____ Phone_____

4. Name _____ Phone _____