Complete Health Chiropractic and Acupuncture, Inc.
208 Elden St., Herndon VA 20170

Dr. Chris Oliver
(703) 904-8528

Automobile Accident Questionnaire

Patient		S.S. #		Date	

Please explain in detail how your accident happened?

ACCIDENT INFO

Time present injury occurred		⎕ AM ⎕ PM	Date present injury occurred		
You were?	⎕ Driver ⎕ Passenger ⎕ Front seat ⎕ Back seat ⎕ Using seat belts ⎕ Other protective devices				
If you were not the driver of the vehicle you were in, who was?					
You were heading?	⎕ South ⎕ North ⎕ East ⎕ West	on			street or highway
Number of people in your vehicle		Were the police notified?	⎕ Yes ⎕ No	Department Name	
Did your head strike windshield or other object?		⎕ Yes ⎕ No	What?		
Was your vehicle struck from?	⎕ Behind ⎕ Front ⎕ Left Side ⎕ Right Side				
Estimated damage to your vehicle	$				
Driver of other vehicle (if any)?					
Other vehicle was heading?	⎕ South ⎕ North ⎕ East ⎕ West	on			street or highway

INJURY

Were you knocked unconscious	⎕ Yes ⎕ No	If so, for how long	
Did you feel pain immediately after the accident?	⎕ Yes ⎕ No ⎕ Later that day ⎕ Next day	When (date)?	
Where did you feel pain immediately after the accident?			
Where were you taken after the accident?			
Was treatment given?	⎕ Yes ⎕ No		

TREATMENT

Was any doctor consulted after the accident	⎕ Yes ⎕ No	Name		⎕ DC, ⎕ MD, ⎕ DO, ⎕ DDS
Doctor's Diagnosis				
What treatments were given?				
How often did you see the doctor?				
How long did you see the doctor? (days/ weeks)				

HISTORY

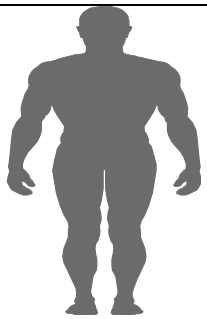
Have you ever had any complaints in the involved area before?	⎕ Yes ⎕ No	When?	
If so, what were the complaints?			
Before the injury, were you capable of working on an equal basis with others your age?	⎕ Yes ⎕ No		
Are your work activities restricted as a result of this accident?	⎕ Yes ⎕ No		
Since the injury, are your symptoms	⎕ Improving? ⎕ Getting worse? ⎕ The same?		

PLEASE CHECK ALL THAT APPLY TO YOU NOW

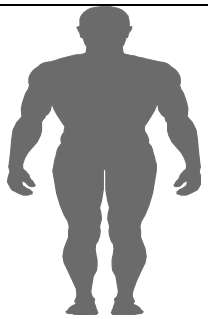
Musculoskeletal System	Genito-Urinary System	Gastro-Intestinal System	Cardio-Vascular System
⎕ Low Back pain	⎕ Bladder Trouble	⎕ Poor appetite	⎕ Chest pain
⎕ Mid back pain	⎕ Excessive urination	⎕ Excessive hunger	⎕ Pain over heart
⎕ Pain between shoulders	⎕ Scanty urination	⎕ Difficult chewing	⎕ Difficult breathing
⎕ Neck pain	⎕ Painful urination	⎕ Difficult swallowing	⎕ Persistent cough
⎕ Arm pain	⎕ Discolored urine	⎕ Excessive thirst	⎕ Coughing phlegm
⎕ Leg problems	**EYE,EAR,NOSE,THROAT**	⎕ Nausea	⎕ Coughing blood
⎕ Swollen joints	⎕ Eye strain	⎕ Vomiting Blood	⎕ Rapid heartbeat
⎕ Painful joints	⎕ Eye inflammation	⎕ Abdominal pain	⎕ Blood pressure problems
⎕ Stiff joints	⎕ Vision problems	⎕ Diarrhea	⎕ Heart problems
⎕ Sore muscles	⎕ Ear pain	⎕ Constipation	⎕ Lung problems
⎕ Weak muscles	⎕ Ear noises	⎕ Black stool	⎕ Varicose veins
⎕ Walking problems	⎕ Ear discharge	⎕ Hemorrhoids	
⎕ Spasms	⎕ Hearing loss	⎕ Liver trouble	
⎕ Broken bones	⎕ Nose pain	⎕ Gall bladder problems	
⎕ Shoulder pain	⎕ Nose bleeding	⎕ Weight trouble	
FEMALE	⎕ Nose discharge	**NERVOUS SYSTEM**	
⎕ Vaginal discharge	⎕ Difficult to breath thru nose	⎕ Numbness	
⎕ Vaginal bleeding	⎕ Sore gums	⎕ Loss of feeling	
⎕ Vaginal pain	⎕ Dental problems	⎕ Paralysis	
⎕ Breast pain	⎕ Sore mouth	⎕ Dizziness	
⎕ Lumps on the breast	⎕ Sore throat	⎕ Fainting	
PREGNANT	⎕ Hoarseness	⎕ Headaches	
HABITS	⎕ Difficult speech	⎕ Muscle jerking	
⎕ Cigarettes	⎕ Sinus	⎕ Convulsions	
⎕ Alcohol Abuse	⎕ Allergy	⎕ Forgetfulness	
⎕ Coffee or Tea	⎕ Jaw pain	⎕ Confusion	
⎕ Drug Abuse		⎕ Depression	
		⎕ Insomnia	

Draw Accident

Circle Your Pain Level
Least 1 2 3 4 5 6 7 8 9 10 **Worst**



FRONT



BACK

Mark Your Symptoms

T=Tender **P=Pain** **S=Spasm** **N=Numbness**

IRREVOCABLE ASSIGNMENT OF BENEFITS, AUTHORIZATION AND LIEN

To Whom It May Concern:

This Irrevocable Assignment of Benefits, Authorization and Lien (this "Assignment") is made by and between the patient that signed below and **Complete Health Chiropractic and Acupuncture (Dr. Chris Oliver)** ("Health Care Provider"). With this Assignment, and in consideration of treatment without having to render concurrent payment, **Patient, hereby irrevocably transfers sets over and assigns to Health Care Provider all insurance and/or litigation proceeds to which Patient is now or may hereafter become entitled, including those listed below, up to the total amount due and owing the Health Care Provider** for services rendered to the Patient by reason of accident or illness, including interest thereon, as well as any other charges that are due or may become due the Health Care Provider, including, without limitation, requested reports, collection costs and expenses and attorneys' fees, and Patient further hereby irrevocably authorizes and directs any insurance company and/or attorney to whom an original or copy of this Assignment is provided to withhold from Patient and pay directly to such Health Care Provider such amount(s) from (1) any insurance benefits payable to Patient or on Patient's behalf, including, but not limited to, medical payments benefits, No Fault benefits, health and accident benefits, personal injury protection benefits, third-party liability coverage, foundation grants, governmental or agency benefits, worker's compensation benefits or any other insurance proceeds or benefits of any kind which are payable to or on behalf of the Patient, and (2) any litigation proceeds (which may include insurance proceeds) from any settlement, judgment or verdict in Patient's favor as may be necessary to fully pay any and all financial obligations owed to the HealthCare Provider by the Patient. This Assignment is to be a complete and current transfer of Patient's right, title and interest, separate from any statutory or contractual lien or claim to which the Health Care Provider may also be entitled. Patient acknowledges that Health Care Provider has a substantial pecuniary interest in the enforcement of this Assignment.

The Patient further agrees that, in the event the insurance company and/or attorney obligated hereunder to make payments to the Health Care Provider fails or refuses to make payment for the full amount due as set forth above, this Assignment is a full, immediate and complete assignment of all of the Patient's rights, title, interest, remedies and benefits in and to the assigned property to the extent of the Health Care Provider's total claim amount; therefore, Patient hereby irrevocably and fully assigns and transfers to the Health Care Provider any and all causes of action that Patient might have or that might exist in Patient's favor against such insurance company and/or attorney with respect to the assigned property. In addition to the foregoing assignment, Patient hereby authorizes, nominates and appoints as Patient's attorney-in-fact any officer of the Health Care Provider, to prosecute said causes(s) of action either in Patient's name or in the Health Care Provider's name and Patient further authorizes the Health Care Provider to compromise, settle or otherwise resolve said claim(s) or cause(s) of action as it sees fit.

In further consideration of the services provided by the Health Care Provider, Patient hereby grants a lien to said Health Care Provider against any and all insurance benefits and litigation proceeds outlined in the first paragraph above which may be payable to or on behalf of the

Patient as a result of the injuries or illness for which Patient has been treated by said Health Care Provider. The Patient further agrees that the statute of limitations applicable to Health Care Provider's right to demand payment from the Patient shall be tolled for all reasonable times that negotiations or litigation between third parties and the Patient are ongoing.

Patient hereby acknowledges that Virginia law imposes a lien in the amount of $750.00 upon Patient's claim against the individual or entity whose negligence is alleged to have caused Patient's injuries.

Notwithstanding the foregoing, the Patient agrees that until the Health Care Provider is paid in full, the Patient shall remain personally and fully responsible for and promises to pay the total amount due the HealthCare Provider (including principal, interest, collection costs and attorney's fees of 35%) until fully paid. The Patient further understands and agrees that this Assignment does not constitute any agreement of or consideration for the Health Care Provider to await payments from any source, and in the event the Health Care Provider deems itself in its sole discretion insecure as to the prospect payment, it may demand payments from Patient immediately upon rendering services at its option and proceed to collect same through legal means if necessary.

Patient authorizes the Health Care Provider to release this Assignment and any information pertinent to Patient's case to any insurance company, adjuster or attorney to facilitate collection under this Assignment. Patient hereby nominates and appoints any officer of the Health Care Provider as Patient's attorney-in-fact to endorse/sign Patient's name on any and all checks for payment of the services provided to Patient by said Health Care Provider.

In the event that any part or provision of this Assignment shall be determined to be invalid or unenforceable, the remaining parts and provisions of this Assignment which can be separated from the invalid, unenforceable provision shall continue in full force and effect. Witness the following signatures and seal as of the indicated date:

Patient: _____. Print: _____, Date: _____

Health Care Staff: _____, Print: _____, Date: _____

Health Care Provider: Dr. Chris Oliver - OR - Health Care Provider: Associate or IC of Complete Health Chiropractic and Acupuncture

Dr. Chris Oliver
Chiropractic Physician
Trained in Acupuncture

Patient Agreement

I have executed the right under the Hitech-HIPAA Omnibus Rule of September 23, 2013 restricting disclosure of my health insurance information for the purpose of billing my health insurance for the medical expenses occurred from this accident, unless there is an outstanding balance after billing the med pay and liability insurance. I hereby direct Complete Health Chiropractic and Acupuncture (Dr. Oliver) to bill the medical expenses occurred from this accident directly billed to the med pay and liability insurance. In accordance with Virginia Code 38.2-2201 and in accordance with the attached fully executed Assignment of Benefits (AOB) authorizing and directing all payments to be made directly to Complete Health Chiropractic and Acupuncture (Dr. Oliver).

Signature of Patient: _____, Date: _____

Staff: _____, Date: _____