

VEHICLE ACCIDENT QUESTIONNAIRE

This information will be strictly confidential. Your answers will help us determine if chiropractic care will benefit you. Please print and be as accurate and complete as possible. Thank you.

PATIENT INFORMATION

| | | | | | |
|-------------------|------------|------------|--------|----------------|-----------------|
| NAME Last | | First | Middle | HOME PHONE | DATE |
| ADDRESS | | | CITY | STATE | ZIP |
| SOCIAL SECURITY # | AGE | BIRTH DATE | SEX | MARITAL STATUS | NO. OF CHILDREN |
| EMPLOYER | ADDRESS | | | BUSINESS PHONE | |
| OCCUPATION | [REDACTED] | | | | |

INSURANCE INFORMATION

| | | | |
|---------------------------------|--|-----------------------------------|------------|
| YOUR INSURANCE COMPANY | | POLICY NO. | CLAIM NO. |
| NAME OF OTHER VEHICLE'S DRIVER | | OTHER VEHICLE'S INSURANCE COMPANY | POLICY NO. |
| NAME OF YOUR VEHICLE'S DRIVER | | YOUR VEHICLE'S INSURANCE COMPANY | POLICY NO. |
| NAME OF YOUR INSURANCE ADJUSTER | | | PHONE |

ACCIDENT INFORMATION

GIVE DETAILS OF HOW ACCIDENT OCCURRED:

DATE AND TIME OF ACCIDENT: A.M. P.M. WERE POLICE NOTIFIED? Yes No

YOUR VEHICLE WAS HEADING: North South East West ON: _____ Street Highway

OTHER VEHICLE WAS HEADING: North South East West ON: _____ Street Highway

YOUR VEHICLE WAS STRUCK FROM THE: Front Back Driver's Side Passenger's Side YOU WERE: Driver Front Seat Passenger Back Seat WERE YOU USING A SEAT BELT? Yes No

WERE YOU UNCONSCIOUS? IF YES, HOW LONG? No Yes ▶ WHERE WERE YOU TAKEN AFTER THE ACCIDENT? _____

EXACT AREA(S) OF PAIN IMMEDIATELY AFTER ACCIDENT: _____

WHAT TREATMENT WAS GIVEN? _____

WHAT DIAGNOSIS WAS GIVEN? _____

DOCTOR'S NAME: _____ HOW OFTEN DID YOU SEE THIS DOCTOR? _____

IF YOU CONSULTED ANOTHER DOCTOR, GIVE NAME, ADDRESS & PHONE: _____

ANY PRIOR INJURIES OR SYMPTOMS TO THE SAME AREA(S)? IF YES, PLEASE DESCRIBE No Yes ▶

HAVE YOU RETAINED AN ATTORNEY? IF YES, GIVE NAME, ADDRESS & PHONE No Yes ▶

HAS INJURY RESTRICTED YOUR WORK? IF YES, IN WHAT WAY? No Yes ▶

BEFORE THIS INJURY, WERE YOU ABLE TO WORK ON AN EQUAL BASIS WITH OTHERS YOUR AGE? Yes No SINCE THIS INJURY, ARE YOUR SYMPTOMS: Improving The Same Getting Worse

