IF YOURS IS AN ACCIDENTAL INJURY
PLEASE COMPLETE THE FOLLOWING QUESTIONS

Name _____ Date _____

Date of accident _____ Time _____ AM PM Location_____

How did the accident occur? □ Auto Collision □ On-the-job □ Other _____

Explain in detail how the accident occur _____

_____

_____

_____

Did you report your injury to your foreman or employer? Y N Did they recommend care to our office? Y N

If an auto accident, were you a □Driver □Passenger □Pedestrian

If auto accident were you struck from □Behind □Front □Right side □Left side □Auto was parked

Did your car strike the other(s) involved? □Yes □No Did the other car strike yours? □Yes □No

As a result of the accident, were traffic citations issued to you? □Yes □No

To the driver of the other car? □Yes □No To the driver of your car? □Yes □No

Were you knocked unconscious? □Yes □No If yes, for how long? _____Were you hospitalized? □Yes □No

Explain what happened to your body at the moment of the accident _____

_____

Describe how you felt immediately following the accident _____

_____

Describe how you felt on the second and third days following_____

_____

CHECK SYMPTOMS YOU HAVE NOTICED SINCE ACCIDENT

____Sleeping problems	____Pins & needles in arms	____Shortness of breath
____Headaches	____Neck pain	____Neck stiff
____Back pain	____Nervousness	____Tension
____Irritability	____Chest pain	____Dizziness
____Fatigue	____Head seems too heavy	____Pins & needles in legs
____Depression	____Lights bother eyes	____Loss of memory
____Ears ring	____Loss of balance	____Buzzing in ears
____Fainting	____Loss of smell	____Loss of taste
____Diarrhea	____Stomach upset	____Hands cold
____Feet cold	____Constipation	____Cold sweats
____Fever	____Numbness in fingers	____Numbness in toes

Describe other problems you are currently having _____

_____

Have you had similar accidents before? □Yes □No When? _____

Have you lost work days? □Yes □No Dates: _____

Insurance companies involved: My company _____

Person responsible for injury _____

Do you have an attorney that has advised this case? □Yes □No Name of attorney _____

Address _____ Phone _____