




Patient Name : _____

Date of Accident : _____

General Information	Impact With...	During Impact	During Impact Con.
Location:	<input type="radio"/> Driver	<input type="radio"/> Passenger	
Passenger:	<input type="radio"/> Front	<input type="radio"/> Middle	<input type="radio"/> Rear
Position:	<input type="radio"/> Left	<input type="radio"/> Middle	<input type="radio"/> Right
Primary Vehicle			
Vehicle Type:	<input type="radio"/> Car	<input type="radio"/> Van	<input type="radio"/> Pick-Up
	<input type="radio"/> Truck	<input type="radio"/> Bus	<input type="radio"/> SUV
	<input type="radio"/> Motorcycle	<input type="radio"/> Other:	<input type="text"/>
Size:	<input type="radio"/> Mini	<input type="radio"/> Sub-Comp	<input type="radio"/> Compact
	<input type="radio"/> Mid-Size	<input type="radio"/> Full-Size	
Action:	<input type="radio"/> Stopped	<input type="radio"/> Slowing	<input type="radio"/> Accelerating
	<input type="radio"/> Cruising		
Speed:	<input type="text"/>	MPH	
Time:	<input type="radio"/> Daylight	<input type="radio"/> Dawn	<input type="radio"/> Dusk
	<input type="radio"/> Dark		
Road Condition:	<input type="radio"/> Dry	<input type="radio"/> Damp	<input type="radio"/> Wet
	<input type="radio"/> Snowy	<input type="radio"/> Icy	
Visibility:	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Poor

General Information	Impact With...	During Impact	During Impact Con.
Impact 1 Impact 2 Impact 3			
Impacted With:	<input type="radio"/> Vehicle		
	<input type="radio"/> Object	<input type="text"/>	
Vehicle Type:	<input type="radio"/> Car	<input type="radio"/> Van	<input type="radio"/> Pick-Up
	<input type="radio"/> Truck	<input type="radio"/> Bus	<input type="radio"/> SUV
	<input type="radio"/> Motorcycle	<input type="radio"/> Other:	<input type="text"/>
Size:	<input type="radio"/> Mini	<input type="radio"/> Sub-Comp	<input type="radio"/> Compact
	<input type="radio"/> Mid-Size	<input type="radio"/> Full-Size	
Impact Location *			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Damage to Vehicle:	<input type="radio"/> Minimal	<input type="radio"/> Moderate	<input type="radio"/> Extensive
	<input type="radio"/> Totaled	<input type="radio"/> Unsure	
<p><i>*If more than one impact occurred, please let the doctor know.</i></p> <p><i>(Example: Your car was hit from behind, and you hit the car in front of you...)</i></p>			

General Information | Impact With... | **During Impact** | During Impact Con.

Seat Belt: Yes No

Airbag Deployed: Yes No

Head-Rest: Low Mid High None

Seat Back Position Change: Yes No

Brakes Applied: Yes No

Seat Broken: Yes No

Prepare For Accident:

Unexpected Expected Expected And Braced

Body Position:

Straight Rotated Left Rotated Right

Unsure Other:

Body Thrown from seat: Yes No

Direction:

Backwards Forward Outside

Unsure Other:

General Information | Impact With... | **During Impact** | During Impact Con.

Head Position: Straight Rotated Left Rotated Right

Forward Unsure

Other:

Head Motion:

Forward/Backwards Backwards/Forward

Right/Left Left/Right Unsure

Other:

Body Impact:

Head

Left Shoulder Right Shoulder

Left Arm Right Arm

Left Elbow Right Elbow

Left Hand Right Hand

Upper Front Torso Mid-Torso Lower Front Torso

Upper Back Mid-Back Lower Back

Left Leg Right Knee Right Foot

Right Leg Left Knee Left Foot

Other:

After Accident **Medical Care**

Immediately after accident

dizzy/dazed upset weak nervous

Headaches disoriented unconscious

Other

Pain:

Head

Neck Left Shoulder Right Shoulder

Left Hand Right Hand Left Arm

Right Arm Left Elbow Right Elbow

Upper Front Torso Mid Torso Lower Front Torso

Upper Back Mid-Back Lower Back

Left Leg Right Leg Left Knee

Left Foot Right Foot Right Knee

Other

Numbness:

Left Hand Right Hand Left Leg Right Leg

Left Upper Arm Right Upper Arm Left Foot Right Foot

Other

After Accident **Medical Care**

Medical Care: Yes No

Time of Care: Next day At time of accident

Later that day

Days later

Transported: Drove self Ambulance

Other

Went to: Orthopedic Chiropractor Neurologist

Family Doc ER

Other

Admitted to hospital? Yes No Days spent:

Tests: X-Rays Lab Work MRI CT Scan

Other

Treatment: Ice Packs Hot Packs None

Cervical Collar Medication

Other

Any previous injuries / accidents? (If yes, please list):

Any residual pain from the previous injuries / accident? (If yes, please list):

Head

- Headaches Loss of memory Light headedness
- Fainting Blurred vision Double vision
- Dizziness Pain in ear Loss of vision

Other:

Neck

Neck pain with movement

- Pain in Neck Forward Backward Turn Left
- Muscle spasms Turn Right Bend Left Bend Right
- Popping in neck Other:

Shoulders

- Pain in the shoulder joint Can't raise arms:
- Pain across the shoulder Above Shoulder level
- Tension in shoulders Over head
- Muscle spasms in shoulder

Other:

Mid Back

- Sharp stabbing Mid back pain Pain from front to back
- Dull ache Muscle spasms Pain between blades
- Pain in kidney area Other:

Lower Back

- Low back pain Muscle spasms in lower back

Low back pain is worse when:

- Working Lifting Stooping Standing
- Sitting Bending Coughing Lying Down

Other:

Hip, Legs, and Feet:

- Pain in buttocks Pins and needles in legs Pain down leg
- Pain in hip joint Feet feeling cold Swollen feet
- Numbness of toes Numbness of leg Knee pain
- Leg cramps Cramps in feet

Other:

Arms and Hands

- Pain in fingers
- Pins and needles in hand
- Pins and needles in finger
- Swollen joints in finger
- Numbness in left arm
- Numbness in right arm
- Cold Hands
- Loss of grip strength

Other:

Chest

- Chest pain
- Pain around ribs
- Shortness of breath
- Breast pain

Other:

Abdomen

- Nervous stomach
- Gas
- Nausea
- Constipation
- Diarrhea

Other:

General

- Nervousness
- Irritable
- Generally feel run down
- Difficulty urinating
- Cramping
- Fatigue
- Depressed
- Prostate pain/swelling
- Night urination problems
- Irregularity

Loss of sleep hrs per night

Loss of weight lbs

Gain weight lbs

Other: