ADIFR	
COMPREHENSIVE	
CHIROPRACTIC	

Patient	Name:	
aueni	ivallie .	

Date of Accident :

eral Information	Impact With During Impact During Impact Con.	General Informati	on Impact With During Impact During Impact Cor
ation:	O Driver O Passenger	Impact 1 Impact	
ssenger:	○ Front ○ Middle ○ Rear	Impacted With:	○ Vehicle ○ Object
sition:	O Left O Middle O Right	Vehicle Type:	O Car O Van O Pick-Up O Truck
mary Vehicle			OBus OSUV OMotorcycle Other:
Vehicle Type:	○ Car ○ Van ○ Pick-Up ○ Truck	Size:	○ Mini ○ Sub-Comp ○ Compact
	○ Bus ○ SUV ○ Motorcycle		O Mid-Size O Full-Size
	Other:	Impa	act Location *
Size:	○ Mini ○ Sub-Comp ○ Compact		
	○ Mid-Size ○ Full-Size	GR	
Action:	○ Stopped ○ Slowing ○ Accelerating	Front	
	○ Cruising	E.	
Speed:	мрн	0 100	d ô
Time:	○ Daylight ○ Dawn ○ Dusk ○ Dark	Damage to Vehi	cle:
Road Condition:	○ Dry ○ Damp ○ Wet ○ Snowy ○ Icy		O Totaled O Unsure
Visibility:	○ Good ○ Fair ○ Poor		e than one impact occurred, please let the doctor know. r car was hit from behind, and you hit the car in front of you

General Information Impact Wi	th During Impact During Impact Con.	General Information	on Impact With During Impact During Impact Con.
Seat Belt:	○Yes ○No	Head Position:	○ Straight ○ Rotated Left ○ Rotated Right
Airbag Deployed:	○Yes ○No		○ Forward ○ Unsure
Head-Rest:	○ Low ○ Mid ○ High ○ None		O Other:
Seat Back Position Change:	○Yes ○No	Head Motion:	○ Forward/Backwards ○ Backwards/Forward
Brakes Applied:	○Yes ○No		○ Right/Left ○ Left/Right ○ Unsure
Seat Broken:	○Yes ○No	Body Impact:	O Other:
Prepare For Accident:		Head	
○ Unexpected ○ Exp	ected O Expected And Braced	☐ Left Shoulde	
Body Position:		Left Arm	☐ Right Arm
		☐ Left Elbow ☐ Left Hand	☐ Right Elbow ☐ Right Hand
○ Straight ○ Rotated L	Left O Rotated Right	Upper Fron	
O Unsure O Other:		☐ Upper Back	
Body Thrown from seat:	○Yes ○No	☐ Left Leg	☐ Right Knee ☐ Right Foot
Direction:		☐ Right Leg	☐ Left Knee ☐ Left Foot
		Other:	^
O Backwards O Forwards			v l
O Unsure O Other			

Immediately after accident	Medical Care:	○Yes ○No
□ dizzy/dazed □ upset □ weak □ nervous	Wedical Care.	O res O No
☐ Headaches ☐ disoriented ☐ unconscious	Time of Care:	Next day At time of accident
Other		C Later that day
		O Days later
Pain:		
Head	Transported:	○ Drove self ○ Ambulance
□ Neck □ Left Shoulder □ Right Shoulder		Other
☐ Left Hand ☐ Right Hand ☐ Left Arm		Orthopedic Chiropractor Neurologist
☐ Right Arm ☐ Left Elbow ☐ Right Elbow	Went to:	Family Doc O ER
☐ Upper Front Torso ☐ Mid Torso ☐ Lower Front Torso		Other
☐ Upper Back ☐ Mid-Back ☐ Lower Back	Admitted to	
☐ Left Leg ☐ Right Leg ☐ Left Knee	hospital?	○ Yes ○ No Days spent:
☐ Left Foot ☐ Right Foot ☐ Right Knee	Tests:	X-Rays Lab Work MRI CT Scan
Other		Other
	Treatment:	☐ Ice Packs ☐ Hot Packs ☐ None
Numbness: ☐ Left Hand ☐ Right Hand ☐ Left Leg ☐ Right Leg		Cervical Collar Medication
		Other
☐ Left Upper Arm ☐ Right Upper Arm ☐ Left Foot ☐ Right Foot Other		
Other		
Any previous injuries / accidents? (If yes, please list):		
Any previous injuries / accidents: (if yes, please list).	Any res	idual pain from the previous injuries / accident? (If yes, please list):

Page 1 Page 2 Page 3 Page 4	Page 1 Page 2 Page 3 Page 4
Head	Mid Back Sharp stabbing Mid back pain Pain from front to back Dull ache Muscle spasms Pain between blades Pain in kidney area Other:
Neck Pain in Neck Forward Backward Turn Left Muscle spasms Turn Right Bend Left Bend Right Other:	Lower Back Low back pain
Shoulders Pain in the shoulder joint Can't raise arms: Pain across the shoulder Over head Tension in shoulders Muscle spasms in shoulder Other:	Hip, Legs, and Feet: Pain in buttocks

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Arms and Hands Pain in fingers Numbness in left arm Numbness in right arm Cold Hands Swollen joints in finger Loss of grip strength	General Nervousness Irritable Generally feel run down Difficulty urinating Cramping Loss of sleep	☐ Fatigue ☐ Depressed ☐ Prostate pain/swelling ☐ Night urination problems ☐ Irregularity hrs per night
Chest ☐ Chest pain ☐ Pain around ribs ☐ Shortness of breath ☐ Breast pain	Loss of weight Gain weight	lbs lbs
Other:	Other:	
□ Nervous stomach □ Nausea □ Diarrhea □ Gas □ Constipation Other: □		