

AUTOMOBILE ACCIDENT QUESTIONNAIRE

Dear Patient. Please complete this questionnaire. Your answers will help us determine if chiropractic can help you. If we do not sincerely believe your condition will respond satisfactorily, we will not accept your case. Thank you.

Name _____ Sex _____ Marital Status _____ Date of Birth _____ Home phone # _____

Cell# _____ Cell Phone Carrier _____ Address _____

At&t, Verizon, T-Mobile, Etc...

City _____ State _____ Zip _____ Occupation _____

Who referred you to our office? _____ Email Address _____

Social Sec. # _____ Business # _____ Company Name _____ Address _____

Spouse's Name _____ Spouse's Soc. Sec.# _____ Spouse's Employer _____ Location _____

Please explain in detail how your accident happened: _____

Insurance Co. _____ Policy No. _____ Claim No. _____
(driver of other vehicle)

Name _____ Insurance Co. _____ Policy No. _____
(driver of vehicle in which you were injured - If Applicable)

Name _____ Insurance Co. _____ Policy No. _____

Name of insurance adjustor _____ Contact #: _____

Have you retained an attorney? Yes No If so, his name and address _____

You were heading North South East West on _____ (street or highway)

Was the police notified? Yes No. Were you knocked unconscious? Yes No. If yes, for how long? _____

You were struck from: Behind Front Left side Right side

You were: Driver Passenger Front seat Back seat Using seat belts Other protective devices

Where did you feel pain immediately after the accident? _____

The time and date of present injury: _____ Where were you taken after the accident? _____

Treatment given? _____ Was any other doctor consulted after your accident? Yes No

If so, what was the doctor's name? _____ D.C., M.D., D.O., D.D.S.

What was the diagnosis and treatment given? _____

How often did you see the doctor? _____ Have you ever had any complaints in the involved area before Yes No

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 your symptoms are: Improving? The same? Getting worse?