



Automobile Accident Questionnaire

Date: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____ Date of Injury: _____ Time of Injury: _____

Describe the events leading up to your accident? _____

Select from the following list any body parts that struck an object at the point of impact:

Head	Face	Chest	Neck	Back
Right Shoulder	Left Shoulder	Right Arm	Left Arm	Right Leg
Left Leg	Right Knee	Left Knee	Other	

Select the objects that were struck:

Windshield	Headrest	Dashboard	Steering Column
Door Frame	Back of Seat	Rear View Mirror	Seat Broke
Jarred or Thrown	Cannot remember	Rendered unconscious	Other

If you have been treated by any other physicians for neck or back problems, please explain: _____

If applicable, indicate any pains or abnormal sensations you experienced immediately following the impact:

Headache	"Saw stars"	Semi-conscious state	Right neck pain
Left neck pain	Right mid-back pain	Left mid-back pain	Right low back pain
Left low back pain	Right lower extremity	Left lower extremity	Right upper extremity pain
Left upper extremity pain	Other		

Indicate any action you took immediately following the accident:

Went home and took it easy	Went about normal	Went to physician	Went to hospital
Doctored yourself thinking pain would go away	Other		

If you were hospitalized after the accident, indicate method of delivery to hospital:

Ambulance	Drove	Driven by	Went home and taken later or drove yourself to
-----------	-------	-----------	--

Name of Hospital: _____ City/State: _____

Were you seen in the Emergency Room? Yes No Length of Stay: _____ Name of Physician: _____

Indicate any procedure performed at the hospital, including the emergency room:

Examination	X-Rays	Prescription	Injection	Complete bed rest
Stitches	Therapy	Cervical collar	Wounds dressed	Other

What was the name of the first physician you consulted? _____

Select from the following list the type of physician this was:

Family Physician	Chiropractor	Orthopedist	Osteopath
Neurologist	Walk-in Clinic	Other	

Comments: _____

Do you have an attorney? Yes No If yes, please provide his/her name, address and phone number: _____
