ChiropracticWorks
A Healthy Body for a Healthy Life

Personal Injury or Accidental Injury Only

Date of Accident:__________ Hour________ AM_____ PM_____ Location: __________

How did accident occur?________ Auto Accident________ On-the-job injury________ Other: ________

Please describe the accident or injury ____________________

If work related, did you report the injury to your foreman or employer? ❍ Yes ❍ No

If work related, name and phone number of foreman or authorized person____________________

If auto accident were you ❍ Driver ❍ Passanger ❍ Pedestrian

If auto accident, were you struck from ❍ Behind ❍ Right Side ❍ Left Side ❍ Front ❍ Auto was parked

If auto accident, did your car strike the other(s) involved? ❍ Yes ❍ No

Or did the other car strike yours? ❍ Yes ❍ No ❍ Undetermined Did y our vehicles airbag deploy? ❍ Yes ❍ No

Were you wearing a seat belt? ❍ Yes ❍ No Did your body strike any objects in the car? ❍ Yes ❍ No

Liable party (if other than practice member): ________________ Phone number: __________

Address: ________________ City: ____________ State: ______ Zip: ______

List Object(s) struck: ____________ **Claim #** ____________ **Ins. Adjuster Name**

Did you have physical complaints before the accident? ❍ Yes ❍ No If yes, please describe: ____________

Please describe your present complaints and concerns: ____________________

Have you been treated by another doctor since the accident? ❍ Yes ❍ No If yes, who? ____________

Since the injury occured, is your condition: ❍ improving ❍ getting worse ❍ same

Have you lost time from work because of this accident? ❍ Yes ❍ No Please describe: ____________

Do you notice any activity restrictions as a result of this accident? ❍ Yes ❍ No Please describe: ____________

Do you have an attorney who has advised you in this case? ❍ Yes ❍ No Attorney Name: ____________

Attorney's Address:____________________ Phone #: (   ) ____________

Please draw a diagram of how the accident happened

1. Indicate North by arrow
2. Number each vehicle and indicate direction of travel with arrow
3. Use solid line to show path before accident. Dotted line to show path after accident