AUTOMOBILE ACCIDENT HISTORY

Name :	DOB:	Date of Accident:				
Social Security:	Driver's License:_	Sex: \square M \square F				
		State: Zip:				
Fmolover:	Occupat	E-mail: on:				
Work Address:	Occupat	Work#:				
Attorney's Name:						
Address:		Phone#:				
Patient's Insurance:		Policy#: Policy#:				
Insured's Insurance Comp.:		Policy#:				
YOUR VEHICLE:						
Vehicle type:	\	ehicle condition:				
☐Car ☐Pickup	_	Damage amount: \$				
□Van □Truck		☐Totaled				
☐Station Wagon ☐Bus						
□Other						
Your position in the vehicle:						
		ear Passenger 🗖 Third Seat (rear)				
□Passenger Location □Left	☐Middle	☐Right				
□Other						
Speed of your vehicle:	V	Why Vehicle was slowed or stopped:				
☐Stopped ☐Moving Moderately	_	☐Traffic Signal ☐Parking				
□Parked □Moving Fast		Pedestrian DTraffic				
□Slowing □Moving at apprx		Stop Sign Busy Intersection				
Moving Slowly	_1V11 11	Ectop digit Budy intersection				
— Moving Glowly						
Was your foot on the brake pedal? Tes	□No	☐Knocked off by impact				
		, ,				
Collision Type:						
☐ Driver Side Impact ☐ Head On Col	lision 🖵 Passei	nger Side Impact				
☐ Front Impact ☐ Pedestrian In	cident					
Describe:						
	OTHER VEHIC	CLE:				
Vahiala typa	,	(ahiala aanditian				
Vehicle type:	_	Vehicle condition:				
□Car □Pickup		Damage amount: \$				
□Van □Truck	Ļ	☐ Totaled				
☐Station Wagon ☐Bus						
□Other						
Speed of vehicle: MPH						

CONDITIONS AT THE TIME OF THE ACCIDENT:

Damp	Time of day:	Road Conditions:	<u>Visibilit</u>	Y :	Visibility compromised by:			
Dusk	☐Full daylight	□Dry	□Excel	lent	☐Brightness			
Snow covered		□Damp	□Good		□Darkness			
□Night	□Dusk		□Fair		□Rain			
THE FOLLOWING QUESTIONS CONCERN THE MOMENT OF IMPACT OF THE ACCIDENT: Were you		☐Snow covered	□Poor		□Snow			
### THE FOLLOWING QUESTIONS CONCERN THE MOMENT OF IMPACT OF THE ACCIDENT: ### Were you	□Night	☐Ice covered			□Fog			
Were you □Totally unaware that the accident was impending □Aware that the accident was impending □Aware that the accident was impending and braced for it □No restraints Was the air bag deployed? □Car not equipped with air bag □Air bag deployed □Air bag not deployed □Air bag not deployed □Facing straight-ahead □Titled forward □Rotated to the left □To the left □To the left □To the left then right □To the right □Rotated to the left □To the left □To the left □To the left then right □To the right □To the left □To the left □To the left □To the left then the right □To the left □To the left □To the left □To the left then the right □To the right □To the right; then the left □Rotated to the left □To the left □To the left then the right □Rotated to the left □To the right □To the right, then the left □Across the vehicle □Outside the vehicle □Under the vehicle □Damage to vehicle YOU were in: □Incurred minimal damage □Incurred moderate damage □Incurred severe damage □Driver of vehicle patient was a passenger of □Was totaled		☐Patchy Ice/Snow			□Traffic			
□Totally unaware that the accident was impending □Aware that the accident was impending □Aware that the accident was impending and braced for it □No restraints Was the air bag deployed? □Car not equipped with air bag □Air bag deployed □Air bag not deployed □Air bag not deployed □Air bag not deployed □Air bag straight-ahead □Tilted forward □Rotated to the left □Rotated to the right □Rotated to the left	THE FOLLOWING	QUESTIONS CONCER	RN THE M	OMENT OF IN	IPACT OF THE ACCIDENT:			
□ Aware that the accident was impending □ Shoulder harness □ Aware that the accident was impending and braced for it □ No restraints Was the air bag deployed? □ High position was your headrest in? □ High position □ Air bag deployed □ Middle position □ Low position □ Air bag not deployed □ Low position □ Low position □ Air bag not deployed □ Backward and then forward □ Forward then backward □ Forward then backward □ To the left □ To the left □ To the left then right □ To the left □ To the right □ To t	Were you			Restra	ints: (check all that apply)			
□ Aware that the accident was impending and braced for it □ No restraints Was the air bag deployed? □ High position was your headrest in? □ Car not equipped with air bag □ High position □ Air bag deployed □ Middle position □ Air bag not deployed □ Low position Position of YOUR head at time of impact? □ Facing straight-ahead □ Backward and then forward □ To the left □ To the left then right □ Rotated to the left □ To the right □ To the right then left □ Rotated to the right □ Backward and then forward □ To the right then left □ Straight □ Backward and then forward □ Forward then backward □ Tilted forward □ Forward then backward □ Forward then backward □ To the left □ To the left □ To the left then the right □ Rotated to the left □ To the left □ To the right, then the left □ Rotated to the right □ To the right □ To the right, then the left □ Rotated to the right □ To the right □ To the right, then the left □ Rotated to the right □ To the right □ Under the vehicle □ Citations: □ Under the vehicle			ding					
Was the air bag deployed? □Car not equipped with air bag □Air bag deployed □Air bag not deployed □Low position □Air bag not deployed □Low position □Air bag not deployed □Backward and then forward □Forward then backward □Forward then backward □To the left □To the left then right □To the right □To the right then left □To the right □To the left then forward □Forward then backward □To the right □To the right then left □To the left □To the left then right □To the right then left □To the left □To the left □To the left then forward □Forward then backward □To the right □To the right then left □To the left □To the left then the right □To the left □To the left then the right □To the right								
□ Car not equipped with air bag □ High position □ Air bag deployed □ Middle position □ Air bag not deployed □ Low position Position of YOUR head at time of impact? □ Facing straight-ahead □ Backward and then forward □ Tilted forward □ Forward then backward □ Rotated to the left □ To the left □ To the right then left ■ Position of Your body at time of impact? □ Was your body thrown? □ Straight □ Backward and then forward □ Tilted forward □ Forward then backward □ Rotated to the left □ To the left □ To the left then the right □ Rotated to the right □ To the right □ To the right, then the left □ Across the vehicle □ Outside the vehicle □ Under the vehicle □ Incurred minimal damage □ None issued □ Incurred moderate damage □ Priver of vehicle patient was a passenger of □ Was totaled □ Driver of other vehicle	☐Aware that the accide	ent was impending and b	oraced for	it \ No re	estraints			
□ Air bag deployed □ Middle position □ Air bag not deployed □ Low position Position of YOUR head at time of impact? □ Backward and then forward □ Facing straight-ahead □ Backward and then forward □ Titled forward □ Forward then backward □ Rotated to the left □ To the left □ To the left then right □ Rotated to the right □ Backward and then forward □ To the right then backward □ Titled forward □ Forward then backward □ To the left then the right □ Rotated to the left □ To the left then the right □ To the right then the left □ Rotated to the right □ To the right then the left □ Across the vehicle □ Outside the vehicle □ Under the vehicle □ Incurred minimal damage □ None issued □ Incurred moderate damage □ Priver of vehicle patient was a passenger of □ Was totaled □ Driver of other vehicle	Was the air bag deplo	<u>ved</u> ?		What position	was your headrest in?			
□ Air bag not deployed □ Low position Position of YOUR head at time of impact? □ Facing straight-ahead □ Backward and then forward □ Rotated to the left □ To the left then right □ Rotated to the right □ To the right □ To the right then left □ Backward and then forward □ To the left □ To the left then right □ To the right then left □ To the right □ To the right then left □ Backward and then forward □ Forward then backward □ Forward then left	☐Car not equipped with	h air bag		☐ High position				
Position of YOUR head at time of impact? □Facing straight-ahead □Tilted forward □Rotated to the left □Rotated to the right □Rotated to the right □Rotated to the right □To the right □To the right □To the right then left □To the right □To the right □To the right □To the right □To the left then the right □To the left □To the left □To the left □To the right □To the	☐Air bag deployed			☐Middle position				
□ Facing straight-ahead □ Tilted forward □ Rotated to the left □ Rotated to the right □ To the left □ To the left □ To the left then right □ To the right □ To the right □ To the right then left □ To the right □ To the right then left □ To the right □ To the right then left □ To the right □ To the right then left □ Straight □ Backward and then forward □ Tilted forward □ To the left □ To the left then the right □ Rotated to the left □ To the left □ To the left then the right □ To the right □ To the right, then the left □ Across the vehicle □ Outside the vehicle □ Under the vehicle □ Outside the vehicle □ Under the vehicle □ Incurred minimal damage □ Incurred moderate damage □ Incurred severe damage □ Driver of vehicle patient was a passenger of □ Was totaled □ Driver of other vehicle	☐Air bag not deployed			☐ Low position				
□ Tilted forward □ Rotated to the left □ Rotated to the right □ Rotated to the right □ To the left □ To the left □ To the left then right □ To the right □ To the right then left □ Backward and then forward □ Tilted forward □ Rotated to the left □ To the left then the right □ Rotated to the right □ To the right □ To the right, then the left □ Across the vehicle □ Outside the vehicle □ Under the vehicle □ Incurred minimal damage □ Incurred moderate damage □ Incurred severe damage □ Driver of vehicle patient was a passenger of □ Was totaled	Position of YOUR hea	d at time of impact?		Was your head	d thrown?			
□ Rotated to the left □ To the left □ To the left then right □ Rotated to the right □ To the right □ To the right □ To the right then left □ To the right then left □ Straight □ Backward and then forward □ Forward then backward □ Forward then backward □ To the left □ To the left then the right □ To the right □ To the right □ To the right, then the left □ Across the vehicle □ Outside the vehicle □ Under the vehicle □ Under the vehicle □ Incurred minimal damage □ None issued □ Incurred severe damage □ Driver of vehicle patient was a passenger of □ Was totaled □ Driver of other vehicle	☐Facing straight-ahead	b		☐Backward ar	d then forward			
□ Rotated to the right □ To the right □ To the right then left Position of Your body at time of impact? □ Straight □ Backward and then forward □ Tilted forward □ Forward then backward □ Rotated to the left □ To the left □ To the left then the right □ Rotated to the right □ To the right □ To the right, then the left □ Across the vehicle □ Outside the vehicle □ Under the vehicle □ Incurred minimal damage □ None issued □ Incurred severe damage □ Priver of vehicle patient was a passenger of □ Was totaled □ Driver of other vehicle	☐Tilted forward			☐Forward ther	n backward			
Position of Your body at time of impact? Straight Tilted forward Rotated to the left Rotated to the right Damage to vehicle YOU were in: Incurred minimal damage Incurred severe damage Was your body thrown? Backward and then forward Forward then backward To the left To the left then the right To the right To the right, then the left Across the vehicle Outside the vehicle Under the vehicle Vourself Driver of vehicle patient was a passenger of Driver of other vehicle	☐Rotated to the left			☐To the left ☐To the left then right				
□Straight □Tilted forward □Rotated to the left □Rotated to the right □Rotated to the right □To the left □To the left □To the left then the right □Across the vehicle □Outside the vehicle □Under the vehicle □Incurred minimal damage □Incurred moderate damage □Incurred severe damage □Was totaled □Driver of other vehicle □Driver of other vehicle	☐Rotated to the right			☐To the right ☐To the right then left				
□Straight □Tilted forward □Rotated to the left □Rotated to the right □Rotated to the right □To the left □To the left □To the left then the right □Across the vehicle □Outside the vehicle □Under the vehicle □Incurred minimal damage □Incurred moderate damage □Incurred severe damage □Was totaled □Driver of other vehicle □Driver of other vehicle	Position of Your body	at time of impact?		Was vour bod	v thrown?			
□ Tilted forward □ Rotated to the left □ To the left □ To the left then the right □ Rotated to the right □ To the right □ To the right, then the left □ Across the vehicle □ Outside the vehicle □ Under the vehicle □ Incurred minimal damage □ Incurred moderate damage □ Incurred severe damage □ Under the vehicle □ Outside the vehicle □ Under the vehicle □ Under the vehicle □ Driver of vehicle patient was a passenger of □ Driver of other vehicle								
□ Rotated to the right □ To the right □ To the right, then the left □ Across the vehicle □ Outside the vehicle □ Under the vehicle □ Incurred minimal damage □ Incurred moderate damage □ Incurred severe damage □ Incurred severe damage □ Driver of other vehicle □ Driver of other vehicle	☐Tilted forward			☐Forward ther	n backward			
□ Rotated to the right □ To the right □ To the right, then the left □ Across the vehicle □ Outside the vehicle □ Under the vehicle □ Incurred minimal damage □ Incurred moderate damage □ Incurred severe damage □ Incurred severe damage □ Driver of other vehicle □ Driver of other vehicle	☐Rotated to the left			☐To the left	☐To the left then the right			
Damage to vehicle YOU were in: □Incurred minimal damage □Incurred moderate damage □Incurred severe damage □Incurred severe damage □Was totaled □Driver of other vehicle □Driver of other vehicle					_			
Damage to vehicle YOU were in: ☐ Incurred minimal damage ☐ Incurred moderate damage ☐ Incurred severe damage ☐ Under the vehicle ☐ Vehicle yetient was a passenger of ☐ Driver of other vehicle ☐ Driver of other vehicle	· ·			_	=			
□ Incurred minimal damage □ Incurred moderate damage □ Incurred severe damage □ Incurred severe damage □ Driver of vehicle patient was a passenger of □ Driver of other vehicle								
□ Incurred minimal damage □ Incurred moderate damage □ Incurred severe damage □ Incurred severe damage □ Driver of vehicle patient was a passenger of □ Driver of other vehicle	Damage to vehicle YO	OU were in:		Citations:				
□ Incurred moderate damage □ Incurred severe damage □ Driver of vehicle patient was a passenger of □ Driver of other vehicle								
□ Incurred severe damage □ Driver of vehicle patient was a passenger of □ Driver of other vehicle		_		☐Yourself				
☐Was totaled ☐Driver of other vehicle		<u> </u>			icle patient was a passenger of			
		-						
				☐Not sure				

AS A RESULT OF THE FORCE OF THE COLLISION, WHICH OBJECTS IN THE VEHICLE DID YOUR BODY STRIKE?

<u>Head</u>				Torso		
☐Steering wheel	☐Right door		☐Steering whe	eel	☐Right door	
Dashboard	☐Left window		Dashboard		☐Left window	
□Windshield	☐Right window	,	□Windshield		☐Right window	
□Armrest	☐Console		□Armrest		☐Console	
Headrest	☐Gear shift		Headrest		☐Gear shift	
Rear view mirror	☐Front seat		Rear view m	irror	☐Front seat	
				11101	□ Backseat	
☐Left door	□Backseat		☐Left door		■Backseat	
Left A			Right Arm			
☐Steering wheel	□Right door		☐Steering whe	eel	☐Right door	
□ Dashboard	☐Left window		□ Dashboard		☐Left window	
□Windshield	☐Right window	•	■Windshield		☐Right window	
□Armrest	☐Console		□Armrest		Console	
□Headrest	☐Gear shift		□Headrest		☐Gear shift	
Rear view mirror	☐Front seat		☐Rear view m	irror	☐Front seat	
Left door	Backseat		Left door	11101	Backseat	
Len door	■ DackSeat		Leit door		■ Dack3eat	
Left Le	<u>eg</u>			Right Leg		
☐Steering wheel	☐Right door		☐Steering whe	eel	☐Right door	
□ Dashboard	☐Left window		Dashboard		☐Left window	
□Windshield	☐Right window	1	■Windshield		☐Right window	
□Armrest	☐Console		□Armrest		Console	
□Headrest	☐Gear shift		□Headrest		☐Gear shift	
Rear view mirror	☐Front seat		☐Rear view m	irror	☐Front seat	
Left door	Backseat		Left door	11101	Backseat	
Len door	■ DackSeat		Leit door		■ Dack3eat	
TU	E FOLLOWING	OUECTIONS O	ONCERN THE T	IME DE	NOD	
In			NG THE ACCID		מטוא	
Did you lose consciou	usness?		ollowing the acc	<u>cident, d</u>	id you feel?	
□Yes		Dizzy	□Weak			
□No		Dazed	□Nervous			
		Disoriented	□Nauseated			
Were you able to walk	unaided?	Where did you	ı go?			
□Yes		☐Drove home		Drove	e to work	
□No		☐Was driven h	nome	□Was	driven to work	
		☐Drove to hos	pital	Drove	e to school	
		☐Was driven to	•	□Was	driven to school	
			spital via ambula			
Navi day diasantono		Did verm		dalbata		
Next day discomfort?	ad Daams			ust beto	re the accident?	
□increased □decreas	eu u same	□Yes	☐ No			

In what areas did you	IMMEDIATELY	feel pai	<u>n?</u>			
□Head	Shoulder	Left	□Right	Hip	Left	□Right
□Neck	Arm	Left	□Right	Thigh	Left	□Right
□Upper back	Elbow		□Right	Knee	Left	· ·
☐Mid back	Wrist	Left	□Right	Calf	Left	□Right
□Ribs	Hand	□Left	□Right	Ankle	□Left	□Right
☐ Chest	Fingers	□Left	□Right	Foot	□Left	□Right
□Abdomen	Buttock	□Left	□Right	Toes	□Left	□Right
□Low Back □Pelvis						
In what areas did you					-	
Head	Shoulder		Right	Hip		Right
□Neck	Arm		Right	Thigh	Left	•
Upper back	Elbow		Right	Knee	Left	Right
☐Mid back	Wrist	Left	0	Calf	Left	•
□Ribs	Hand	Left	□Right	Ankle	Left	□Right
☐ Chest	Fingers	□Left	□Right	Foot	□Left	□Right
□Abdomen	Buttock	□Left	□Right	Toes	□Left	□Right
□Low Back □Pelvis						
At the hospital, what a			—		—	
□Head	Shoulder	Left	Right	Hip	Left	•
□Neck	Arm	Left	Right	Thigh	Left	Right
☐Upper back	Elbow	Left	•	Knee	Left	•
☐Mid back	Wrist	Left	□Right	Calf	Left	☐Right
□Ribs	Hand	□Left	□Right	Ankle	□Left	□Right
☐ Chest	Fingers	□Left	□Right	Foot	□Left	□Right
□Abdomen	Buttock	□Left	☐Right	Toes	□Left	□Right
□Low Back □Pelvis						
Where do you have pa	ain now?					
T 1 . 1 1				. 1 .		
I understand and agree that	at health and accid	ent polic	ies are an arrangei	ment bety	ween my	insurance carrier and
myself. Furthermore, I un	iderstand that this	ciliropra	cuc Office will pr	epare any	y necessa t outboriz	ry reports and forms to
assist me in making collection from the insurance company and that any amount authorized to be paid directly to this Chiropractic Office will be credited to my account upon receipt. However, I clearly understand and agree that						
all services rendered me are charged directly to me and that I am personally responsible for payment. I also						
understand that if I suspend or terminate my care and treatment, any fees for professional services rendered me will						
be immediately due and payable.						
I will be paying today by Cash Check Credit Card						
Master Card Visa Card #: Exp. Date: All accounts not paid within 90 days will automatically be put through your credit card.						
All accounts not paid w	ıthin 90 days wi	II auton	natically be put	through	your cre	dit card.
Patient's Signature: _					Dos	e:
i alieni s Signature					บลเ	