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AUTO ACCIDENT INFORMATION FORM - IF YOU NEED MORE SPACE, WRITE ON THE BACK OF THIS PAGE

NAME _____ AGE IN YEARS _____ DATE OF BIRTH _____ SEX _____

MARITAL STATUS _____ HOME PHONE _____ WORK PHONE _____

ADDRESS _____

E-MAIL ADDRESS _____

ACCIDENT DATE _____ TIME _____ WHERE DID IT HAPPEN? _____

GIVE A DETAILED DESCRIPTION OF HOW THIS ACCIDENT/INJURY HAPPENED. _____

WHAT PARTS OF YOUR BODY WERE HURT? _____

HAVE YOU EVER HURT THESE PARTS OF YOUR BODY BEFORE? _____ IF YES, HOW AND WHEN _____

WHERE DO YOU NOW FEEL PAIN? _____

WHAT SYMPTOMS/PROBLEMS BEGAN WHEN YOU GOT HURT? _____

WHAT SYMPTOMS/PROBLEMS DO YOU FEEL RIGHT NOW? _____

HAVE YOU EVER HAD THESE SYMPTOMS/PROBLEMS BEFORE THE ACCIDENT? _____

IF YES, WHEN AND FROM WHAT? _____

WHERE WERE YOU IN THE VEHICLE? _____ WHAT TYPE OF VEHICLE WERE YOU IN? _____

WHAT WAS THE SPEED OF YOUR CAR AT IMPACT? _____ WERE YOU ACCELERATING AT IMPACT? _____

WHAT WAS YOUR VEHICLE DOING JUST BEFORE IMPACT? _____

WHAT WAS THE POINT OF IMPACT ON YOUR CAR? _____

HOW MUCH DAMAGE WAS DONE TO YOUR CAR? UNKNOWN APPROXIMATELY \$ _____

DESCRIBE THE ROAD CONDITIONS AND VISIBILITY. _____

WERE OTHER VEHICLES INVOLVED? _____ HOW MANY? _____ WAS POLICE REPORT FILED? _____

WHICH VEHICLE HIT THE OTHER? _____

DID AIRBAGS DEPLOY? _____ DID YOU LOSE CONSCIOUSNESS? _____ GET EMERGENCY CARE AT SCENE? _____

WHAT WAS THE POSITION OF YOUR HEADREST? _____

WERE YOU WEARING A SEAT BELT? _____ WHAT TYPE _____

IMMEDIATELY AFTER THE ACCIDENT WHERE DID YOU GO OR WHERE WERE YOU TAKEN? _____

WERE YOU PREPARED FOR IMPACT? _____ WAS YOUR FOOT ON THE BRAKE AT IMPACT? _____ DID THE IMPACT KNOCK YOUR FOOT OFF THE BRAKE? _____ WHAT WAS THE POSITION OF YOUR HEAD AND NECK AT IMPACT? _____

WHAT WAS THE OTHER VEHICLE TYPE? _____ SPEED OF OTHER VEHICLE AT IMPACT _____

WHAT WAS THE OTHER VEHICLE'S POINT OF IMPACT? _____

WAS THE OTHER VEHICLE ACCELERATING AT IMPACT? _____ WHAT WAS THE OTHER VEHICLE DOING JUST BEFORE IMPACT? _____

LIST ALL THE DOCTORS THAT YOU HAVE BEEN EXAMINED OR TREATED BY SINCE THIS ACCIDENT. INCLUDED DOCTOR'S NAME, ADDRESS, TREATMENT YOU WERE GIVEN, REASON FOR TREATMENT, AND WHAT EFFECT DID THE TREATMENT HAD ON YOU?

