

INJURY QUESTIONNAIRE

TODAY'S DATE: _____

PATIENT NAME: _____

DATE OF INJURY: _____

TYPE OF INJURY: (PLEASE CIRCLE) → MOTOR VEHICLE ACCIDENT, FALL, WORK OR OTHER

OWNER OF VEHICLE _____

OTHER PASSENGER IN THE VEHICLE: _____

DESCRIPTION OF ACCIDENT IN YOUR OWN WORDS: (PLEASE DESCRIBE)

_____**AT TIME OF IMPACT:**

SEATBELT: LAP/SHOULDER OR UNBELTED (PLEASE CIRCLE)

DRIVER YES/NO (PLEASE CIRCLE)...PASSENGER: FRONT OR BACKSEAT (PLEASE CIRCLE)

DID YOU SEE THE ACCIDENT COMING? YES OR NO (PLEASE CIRCLE)

COULD YOU BRACE YOURSELF? YES OR NO (PLEASE CIRCLE)

WERE YOU TALKING ON CELL PHONE, EATING OR DRINKING, TAKING MEDICATION? YES OR NO
(PLEASE CIRCLE).

WHAT TYPE OF VEHICLE YOU WERE IN DURING THE ACCIDENT?

IS THE VEHICLE EQUIPPED WITH AIRBAGS? YES OR NO (PLEASE CIRCLE)

DID THEY DEPLOY? YES OR NO (PLEASE CIRCLE)

WHAT PART OF YOUR VEHICLE WAS HIT? (PLEASE DESCRIBE)

COST OF DAMAGE: \$ _____

WHAT ABOUT THE OTHER CAR IN THE COLLISION? WHAT TYPE OF CAR? _____

WHAT PART WAS HIT? (PLEASE DESCRIBE)

ON IMPACT, DID YOUR BODY, NECK, BACK AND HEAD GO FORWARD AND BACKWARD OR SIDE TO SIDE? DID YOU HIT YOUR BODY ON ANY OBJECTS IN THE CAR? (PLEASE DESCRIBE)

IMMEDIATELY AFTER THE IMPACT

ANY BLEEDING OR BRUISING? (PLEASE DESCRIBE)

PAIN IN THE HEAD, NECK BACK, SHOULDERS, ARMS, LEGS OR OTHER? (PLEASE DESCRIBE)

DID POLICE COME TO THE SCENE? YES OR NO (PLEASE CIRCLE)

WHO GOT TICKET OR WARNING? (PLEASE DESCRIBE)

DID THEY OFFER TO CALL AN AMBULANCE? YES OR NO (PLEASE CIRCLE)/DID THEY COME TO THE SCENE? YES OR NO (PLEASE CIRCLE)

IF YOU WERE TAKEN TO THE HOSPITAL - WHICH ONE?

WERE X-RAYS TAKEN? YES OR NO (PLEASE CIRCLE/DESCRIBE)

RESULTS OF EXAM AND/OR X-RAYS/SCANS: (PLEASE DESCRIBE)

HOSPITAL RECOMMENDATIONS (PLEASE DESCRIBE)

HAVE YOU TAKEN OVER THE COUNTER MEDICATION? YES OR NO (PLEASE CIRCLE)

THE NEXT DAY, ANY OTHER SYMPTOMS?

HAVE YOU SEEN ANY OTHER DOCTORS PRIOR TO YOUR VISIT TO OUR OFFICE TODAY?

DO YOU HAVE ANY PRIOR INJURIES TO THE AREAS YOU ARE COMPLAINING OF TODAY?

PRIOR MVA?

WORK ACCIDENTS?

FALLS?

OTHER?

ANY PERMANENT IMPAIRMENT OR DISABILITY RATING?