Patient ______________________
Doctor ______________________
Date ____________ Case # ________

Accident/Injury Report

An accident or trauma of any kind can cause you to have spinal nerve stress, also known as vertebral subluxations. Subluxations can affect your body structure affecting your physical and emotional health. Every accident victim needs a spinal checkup by a doctor of chiropractic.

Please indicate the type of accident you were involved in:

❍ work ❍ sports ❍ auto ❍ personal injury ❍ other ____________

Date of accident ______ Time ________ Location ____________________

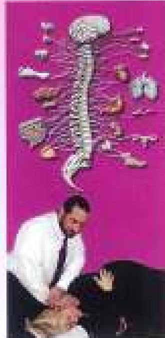
Please explain how you were injured. Be as detailed as possible. If it was an auto accident, please mention the speed of the vehicles, where your car was hit, the damage that was done, the weather conditions and your state of mind/health at the time of the accident. Let us know if you need more paper.

____

____

____

____



Please illustrate the accident with all involved vehicles (if applicable) below.

I was ❍ driving ❍ a passenger in a ______________________ (type of vehicle) on a ______________________ (i.e., street or highway). The other vehicle was a ______________________ (type of vehicle).

I was ❍ in front, left ❍ in front, right ❍ in back, left ❍ in back, right
❍ wearing seat belt ❍ air bag deployed ❍ struck headrest
❍ facing front ❍ turned

Were other people in the car? ❍ no ❍ yes

If yes, were they hurt? ❍ no ❍ yes

Were police notified? ❍ no ❍ yes

This form continues on the reverse side. Please turn over.

Where were you taken after the accident and who cared for you? ______________________

____

____

Were X-rays, MRI or other tests done? ❍ no ❍ yes

If yes, please list ______________________

____

What treatment was given? ______________________

Are you receiving care from other health professionals? ❍ no ❍ yes

If yes, please give name, specialty and contact information. ______________________

____

____

Injuries From The Accident

As a result of your accident, did you have any of the following (*please check ✓ all that apply*)

❍ broken bones ❍ dislocations ❍ head injuries ❍ surgery ❍ concussion

If yes to any of the above, please describe ______________________

____

Were you knocked unconscious? ❍ no ❍ yes If yes, for how long? __________

Please use the illustrations below to show where you are experiencing symptoms.

❍ Front ______________________

____

____

____

❍ Back ______________________

____

____

____

As a result of this accident, do you have any of the following (*please check ✓ all that apply*)

❍ dizziness
❍ memory loss
❍ tension
❍ upset stomach
❍ back stiffness
❍ headache
❍ irritability
❍ chest pain
❍ stiff neck
❍ nausea
❍ numb feet/toes
❍ blurred vision
❍ neck pain
❍ jaw problems
❍ back pain
❍ leg pain
❍ buzzing/ringing in ear
❍ disturbed sleep
❍ arm/shoulder pain
❍ numb hands/fingers
❍ shortness of breath
❍ forgetfulness
❍ fatigue
❍ other __________

Is there anything else you'd like us to know? ______________________

____

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