

**Chiropractic Health Center
9687 Brookpark Rd,
Parma, Ohio 44130**

Personal Injury Description

Patient's Name: _____ Today's Date: _____

Date of Accident: _____

1. Where were you seated in the vehicle? _____

2. Were you wearing a seatbelt? _____ If yes, was it a lap belt or shoulder harness?

3. Was the vehicle stopped or moving at the time of impact? _____

4. Describe the accident:

5. What body parts struck which parts of the vehicle?

6. Did you lose consciousness? _____ If so, for how long? _____

7. Did you receive any cuts or bruises? _____ If so, where? _____

8. Did the police arrive at the scene? _____ Was either driver issued a citation? _____

9. Were you taken to the hospital? _____ If so, which one? _____

10. What x-rays and/or treatments were performed?

Discharge recommendations? _____

Did you see your family doctor? _____ If so, what is their name? _____

11. What treatments have you had since that time? _____

12. What are your present complaints?

13. What is the history of those complaints? _____

14. Do you have any previous automobile or work related accidents? _____

15. What is your occupation? _____ Have you lost time from work? _____

16. Do you have legal representation? _____ If yes, with whom? _____

17. What is the estimated damage to the vehicle? _____