



CHIROPRACTIC PARTNERS, S.C.

AUTO AND WORK INJURIES ♦ SPORTS INJURIES ♦ FAMILY PRACTICE ♦ NUTRITION AND WELLNESS CARE ♦ MASSAGE AND PHYSIOTHERAPY

IF YOURS IS AN ACCIDENTAL INJURY PLEASE COMPLETE THE FOLLOWING QUESTIONS

PATIENT NAME: _____ PHONE NUMBER () _____

ADDRESS: _____ EMPLOYER NUMBER () _____

EMPLOYER: _____ ADDRESS: _____

DATE OF ACCIDENT: _____ HOUR _____ AM/PM HOW DID ACCIDENT OCCUR ? AUTO COLLISION / OTHER

IF NOT AN AUTO COLLISION, PLEASE DESCRIBE THE CIRCUMSTANCES _____

DID YOU REPORT THE INJURY TO YOUR FOREMAN OR EMPLOYER? YES / NO WAS CARE RECOMMENDED AT OUR OFFICE? YES / NO

IF AUTO ACCIDENT; WERE YOU THE DRIVER PASSENGER PEDESTRIAN

IF AUTO ACCIDENT; WERE YOU STRUCK FROM BEHIND / RIGHT SIDE / LEFT SIDE / FRONT / AUTO WAS PARKED

DID YOUR CAR STRIKE THE OTHER CAR(S) INVOLVED? YES / NO DID THE OTHER CAR STRIKE YOURS? YES / NO / UNDETERMINED

AS A RESULT OF THE ACCIDENT WERE TRAFFIC CITATIONS ISSUED TO YOU? YES / NO CITATIONS TO OTHER DRIVER(S) YES / NO

LIST THE EXTENT OF THE INJURIES AS YOU KNOW THEM _____

_____ DID YOU REQUIRE POST-ACCIDENT HOSPITALIZATION? YES / NO

CIRCLE SYMPTOMS YOU HAVE NOTICED SINCE ACCIDENT:

- | | | | | | |
|----------------|-----------|---------------|---------------------|------------------|---------------------|
| PINS/NEEDLES | ARMS/LEGS | IRRITABILITY | NUMBNESS IN TOES | FACE FLUSHED | FEET COLD |
| NECK PAIN | | CHEST PAIN | SHORTNESS OF BREATH | BUZZING IN EARS | HANDS COLD |
| NECK STIFFNESS | | DIZZINESS | LOSS OF BALANCE | STOMACH UPSET | FATIGUE |
| TENSION | | EARS RING | SLEEPING PROBLEMS | CONSTIPATION | BACK PAIN |
| DIARRHEA | | COLD SWEATS | LIGHTS BOTHER EYES | NERVOUSNESS | FEVER |
| LOSS OF TASTE | | LOSS OF SMELL | LOSS OF MEMORY | HEAD SEEMS HEAVY | NUMBNESS IN FINGERS |
| DEPRESSION | | HEADACHE | | | |

SYMPTOMS OTHER THAN ABOVE _____

HAVE YOU LOST ANY DAYS OF WORK? _____ DATES: _____

INSURANCE COMPANIES INVOLVED:

MY COMPANY _____ PHONE # () _____

COMPANY OF PERSON RESPONSIBLE FOR INJURIES _____

DO YOU HAVE AN ATTORNEY THAT HAS ADVISED YOU IN THIS CASE? YES / NO

NAME: _____ PHONE # () _____

ADDRESS _____