Personal Injury History

Name:_____ Age:_____ Date of Birth:_____ Male/Female

Address:_____ City/state:_____ Zip:_____

SS#:_____ Driver's License #:_____

Your Auto Insurance Company :_____ Phone #:_____

Name of Agent and/or Adjustor:_____ Claim #:_____

Do you have an Attorney? Y   N   Name: _____ Phone #:_____

3rd Party Auto Insurance Company:_____ Phone #:_____

Name of Agent and/or Adjustor:_____ Claim #:_____

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Internal Office Use:

☐   Claim # verified

Adustor Name & Ph#:

Claims Mailing address:
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SYMPTOMS:

Did you hit your head, arm, chest, leg, etc? Explain:_____

_____

Were you conscious after accident? Y   N   Do you remember the impact?   Y   N

Did you go to the hospital after the accident?_____

Names of any treating Doctors since accident:_____

What care were you given since accident?_____

How did you feel after the accident? Where was the pain?_____

_____

Does it bother you to ride in a car now as passenger or driver?   Y   N

ACCIDENT HISTORY:

Date of Accident:_____ Time of Accident:_____ City of Accident:_____

Did the police arrive?   Y   N   Please bring us a copy of the accident report.

State how the accident happened:_____

_____

_____

What type of vehicle were you in? Make:_____ Year:_____

Were you driving?   Y   N   Was it your car?   Y   N   If not, whose car was it?_____

Were you passenger? Y   N   Were you rotated in your seat?   Y   N

Were other people in the car? Y   N   Names, phone numbers:_____

Were you wearing your seat belt?   Y   N   Shoulder harness on? Y   N   Headrest: high   or   low

What were the weather conditions?_____Traffic Conditions?_____

Type of road: single lane   highway/freeway   gravel road

Did it happen at a: stop sign   traffic light   intersection   on road

Did your vehicle hit something? Y   N   If yes : another car   sign/pole   tree   bridge   embankment

Did your vehicle go off the road? Y   N If yes : into ditch   into embankment   How Deep?_____

In what condition was the vehicle prior to the accident?_____

What was the damage to the vehicle?

Inside:_____ Outside:_____

If there was another vehicle involved, was it a: car   truck   motorcycle Other:_____

What was the damage to the other vehicle?

Inside:_____Outside:_____

Do you have pictures of the automobile? Y   N

Was an accident report made? Y   N   Police of City:_____County:_____
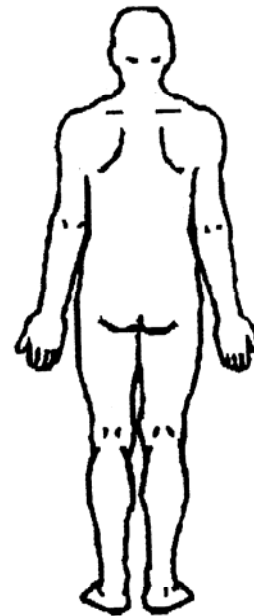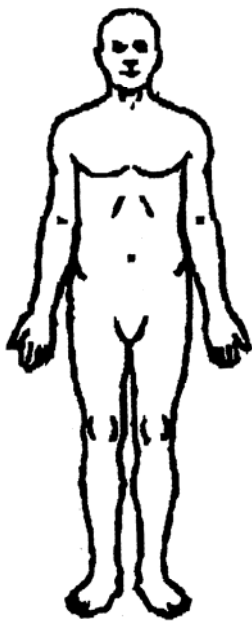
Who was at fault?_____

Have you had any time loss from work? Y   N   If yes, from _____ to _____

INJURY DETAIL:
Please circle area(s) of injury and describe your symptoms using the codes listed below.

N - Numbness   P - Pain   T – Tingling   A – Ache   S – Soreness   ST – Stiffness   MSP – Muscle Spasm

I attest that the above given information is complete and accurate to the best of my knowledge.

Signature:_____ Date:_____