GET WELL
CHIROPRACTIC

Case Number

Today's Date

CA DC

Automobile Accident Questionnaire

Title:_____ First:_____ MI:___ Last:_____

Date of accident:_____ Time of accident:_____:_____ am / pm

State in which accident occurred? _____ Speed of the vehicle you were in:_____mph

Where were you in the vehicle?_____

Vehicle type: ❒ Sub-compact ❒ Mid-size ❒ Full-size ❒ Pickup truck ❒ Sport-utility vehicle
❒ Mini-van ❒ Other:_____

Was the vehicle accelerating? ❒ No ❒ Yes

What was your vehicle doing immediately prior to impact?

❒ Changing lanes ❒ Slowing for traffic congestion ❒ Stopped for a stop sign
❒ Stopped for a traffic light ❒ Turning left at an intersection ❒ Turning right at an intersection

What was your vehicle's point of impact?

❒ Front bumper ❒ Left front fender ❒ Left rear fender ❒ Left side
❒ Rear bumper ❒ Right front fender ❒ Right rear fender ❒ Right side

Amount of damage to your vehicle:

❒ Minimal ❒ Moderate ❒ Extensive ❒ Totaled ❒ Unsure ❒ Other:_____

Road condition/s:

❒ Dry ❒ Damp ❒ Wet ❒ Mostly dry with the first minutes of rain
❒ Sandy ❒ Muddy ❒ Black ice ❒ Covered with leaves or other debris
❒ Raining ❒ Snowing ❒ Icy ❒ Covered with gravel

Visibility:

❒ Excellent with bright sunlight ❒ Excellent with overcast light ❒ Reduced at dawn
❒ Reduced at dusk ❒ Reduced at night ❒ Reduced due to fog
❒ Reduced due to rain ❒ Reduced due to snow

Was another vehicle involved? ❒ No ❒ Yes—how many:_____

Which vehicle hit the other:_____

Was a police report filed? ❒ No ❒ Yes—Can you provide our office with a copy? ❒ No ❒ Yes

At Impact

Airbags deployed: ❒ No ❒ Yes

Position of headrest:

❒ Adjusted high ❒ Adjusted low ❒ All the way up
❒ All the way down ❒ Properly adjusted ❒ Improperly adjusted

Type/s of seat restraint/s you were wearing:

❒ A shoulder harness only ❒ A lap belt only ❒ No seatbelts ❒ Seatbelts with shoulder harness

Were you prepared for impact? ❒ No ❒ Yes

Was the driver's foot on the brake at the time of impact? ❒ No ❒ Yes—Was it knocked off? ❒ No ❒ Yes

What was the position of your head and neck prior to impact?

❒ Down ❒ Down and to the left ❒ Down and to the right

❒ Level and to the left ❒ Level and to the right ❒ Straight ahead

❒ Up ❒ Up and to the left ❒ Up and to the right

Did you lose consciousness? ❒ No ❒ Yes

Did you receive emergency care at the scene? ❒ No ❒ Yes

Where did you go immediately after the accident?

❒ Home ❒ To a walk-in emergency clinic ❒ To continue with scheduled plans

❒ To work ❒ To the hospital emergency room ❒ Other—_____

Other Vehicle

Other vehicle type: ❒ Sub-compact ❒ Mid-size ❒ Full-size ❒ Pickup truck ❒ Sport-utility vehicle

❒ Mini-van ❒ Other:_____

Speed of the other vehicle:_____mph

Was the vehicle accelerating? ❒ No ❒ Yes

What was the other vehicle's point of impact?

❒ Front bumper ❒ Left front fender ❒ Left rear fender ❒ Left side

❒ Rear bumper ❒ Right front fender ❒ Right rear fender ❒ Right side

Amount of damage to the other vehicle (if known): $_____

What was the other vehicle doing immediately prior to impact?

❒ Changing lanes ❒ Slowing for traffic congestion ❒ Stopped for a stop sign

❒ Stopped for a traffic light ❒ Turning left at an intersection ❒ Turning right at an intersection

Additional information:_____

_____

_____

I certify that the information provided above is accurate and complete to the best of my knowledge.

_____ _____

Patient Name (Please Print) Patient Signature

_____ _____

Date Signed Witness

For office use only:

Patient referred for MRI: ❒ No ❒ Yes—Name:_____

Patient referred to a neurologist: ❒ No ❒ Yes—Name:_____

Referring chiropractor:_____