Automobile Accident Questionnaire

Please answer all questions completely

Dear Patient: We need this information because we care enough to want to know, and your answers will help us determine if chiropractic care can help you. If we do not sincerely believe your condition will respond satisfactorily, we will not accept your case. In order for us to understand your condition properly, please be as neat and accurate as possible while completing this form. Thank you.

Name		Sev	Marital	Date of Birth	Home Phone
Address		_ City		State	Zip
Occupation		Who refe	erred you to our office	?	
	nt, housewife, unemployed, retir	red)			
Social	Business		Company .		_ Location
			Contractor .		
First Name	Soc. Sec. #		Employer		Location
Please explain in	detail how your accide	ent happer	ned		
Insurance Co			Policy No		Claim No.
Driver of other ve	ehicle (if any)				
			Insurance		-
Control of the second second second second		AND HAVE BUILDING	Control of the Contro	1000	Policy No.
Driver of vehicle	in which you were inju	red (if app	Insurance		
Name					Policy No
	surance adjustor		company _		· oney rie.
	d an attorney? Yes				
	nd address				
The second second second second second					(street or highway)
	T				
	fied? Yes North I	East 🗆	South Li West o	on	(street or highway)
You were struck	from Behind Fr	ont 🗆 L	eft side Right	side	s Other protective devices
What were the tir	me and date of present	injury? _			
Where did you fe	el pain immediately aft	er the acc	ident?		
Where were you	taken after the acciden	t?			
What treatment v	vas given?	90 (5) (1) (2)			
	octor consulted after yo			lo	
If so, what was to	he doctor's name?			D.C.,	□ M.D., □ D.O., □ D.D.S
	ignosis?				
and the same of th	u see the doctor?				
Have you ever ha	ad any complaints in th	e involved	area before?		
Before the injury Are your work as	the complaints? were you capable of w ctivities restricted as a r are your symptoms □	orking on esult of th	an equal basis whis accident?	Yes □ No	

HEALTH QUESTIONNAIRE:

Please indicate for each of the questions below your experience by use of the following codes: 1—never had; 2—previously had: 3—presently have.

Arm problems — Painful urination — Difficult swallowing — Persistent cough — Leg problems — Discolored urine — Excessive thirst — Coughing phlegm — Swollen joints — Nausea — Coughing blood — Painful joints — Vomiting food — Rapid heartbeat	MUSCULO-SKELETAL SYSTEM	GENITO-URINARY SYSTEM	GASTRO-INTESTINAL SYSTEM	CARDIO-VASCULAR- RESPIRATORY
Neck problems Arm problems Painful urination Leg problems Discolored urine Swollen joints Painful joints Stiff joints Vaginal discharge Vaginal pain Walking problems Breast pain Ruptures Broken bones Are you pregnant? Yes No Please mark your areas of pain on the figures below. Please mark your areas of pain on the figures below. Difficult chewing Difficult swallowing Persistent cough Raylowing phlegm Nausea Coughing phlegm Nausea Vomiting food Rapid heartbeat Vomiting blood Blood pressure problems Heart problems Lung problems Constipation Varicose Veins Black stool Eye, EAR, NOSE, AND THROA* Bloody stool Hemorrhoids Eye inflammation Liver trouble Gall bladder problems Weight trouble Ear pain Ear noises Ear noises Loss of feeling Nose plaeding Nose plaeding Nose discharge Paralysis Dizziness Nose discharge Difficult breathing Persistent cough Rapid persisent cough Rapid persisent cough Rapid pleage Coughing phlegm Nausea Coughing plood Rapid heartbeat Blood pressure problems Lung problems Eye inflammation Eye, EAR, NOSE, AND THROA* Bloody stool Eye etrain Ear noises Ear pain Nose plaeding Nose plaeding Nose discharge Paralysis Dizziness Nose discharge Paralysis Dizziness Sore gums Muscle jerking Dental problems Convulsions Forgetfulness Confusion Depression Patient's Signature	Low back problems	Bladder trouble	Poor appetite	Chest pain
Arm problems Leg problems Discolored urine Swollen joints Painful joints Painful joints Painful joints Sore muscles Vaginal bleeding Walking problems Broken bones Are you pregnant? — Yes No Please mark your areas of pain on the figures below. Please mark your areas of pain on the figures below. Painful joints FEMALE Nausea Vomiting food Rapid heartbeat Blood pressure problems Abdominal pain Diarrhea Lung problems Heart problems Lung problems Varicose Veins Black stool Black stool Black stool Hemorrhoids Liver trouble Gall bladder problems Weight trouble Ear pain Ear noises Ear discharge Hearing loss Nose bleeding Nose pain Nose bleeding Nose bleeding Dizziness Fainting Dizziness Forgetfulness Confusion Depression Difficult speech Patient's Signature	Pain between shoulders	Excessive urination	Excessive hunger	Pain over heart
Leg problems Swollen joints Swollen joints Painful joints Painful joints Stiff joints Vaginal discharge Weak muscles Walking problems Broken bones Are you pregnant? Yes No Please mark your areas of pain on the figures below. Please mark your areas of pain on the figures below. Lug problems Nervous system Nose discharge Numbness Loss of feeling Paralysis Dizziness Difficult breathing thru nose Confusion Depression Difficult speech Patient's Signature Excessive thirst Coughing phlegm Coughing phlegm Coughing phlegm Coughing plood Rapid blood Rapid heartbeat Repload pressure problems Heart problems Lung problems Lung problems Lung problems Pleas tool Blood pressure problems Lung problems Lung problems Paralysion Using problems Weight trouble Sar pain Ear noises Ear discharge Difficult breathing thru nose Sore gums Muscle jerking Confusion Depression Difficult speech Patient's Signature	Neck problems	Scanty urination	Difficult chewing	Difficult breathing
Swollen joints Painful joints Vaginal discharge Vomiting food Sitif joints Sore muscles Vaginal bleeding Weak muscles Walking problems Broken bones Broken bones Please mark your areas of pain on the figures below. Please mark your areas of pain on the figures be	Arm problems	Painful urination	Difficult swallowing	Persistent cough
Painful joints Stiff joints Stiff joints Vaginal discharge Vomiting blood Blood pressure problems Wask muscles Vaginal pain Wask muscles Vaginal pain Walking problems Breast pain Ruptures Broken bones Are you pregnant? Yes No Please mark your areas of pain on the figures below. Please mark your areas of pain on the figures below. Please mark your areas of pain on the figures below. Please mark your areas of pain on the figures below. Please mark your areas of pain on the figures below. Please mark your areas of pain on the figures below. Please mark your areas of pain on the figures below. Paralysis Dizziness Nose bleeding Nose bleeding Paralysis Dizziness Nose discharge Headaches Fainting Paralysis Dental problems Sore gums Muscle jerking Convulsions Forgetfulness Confusion Depression Patient's Signature	Leg problems	Discolored urine	Excessive thirst	Coughing phlegm
Painful joints Stiff joints Stiff joints Vaginal discharge Vomiting blood Abdominal pain Painful joints Vaginal bleeding Weak muscles Vaginal pain Breast pain Ruptures Broken bones Are you pregnant? Yes No Please mark your areas of pain on the figures below. Please mark your areas of pain on the figures below. Please mark your areas of pain on the figures below. Please mark your areas of pain on the figures below. Please mark your areas of pain on the figures below. Please mark your areas of pain on the figures below. Painful plood Hear problems Lung problems Varicose Veins EYE, EAR, NOSE, AND THROA: Bloody stool Hemorrhoids Eye strain Eye inflammation Ear noises Ear discharge Hearing loss Nose pain Nose bleeding Nose discharge Paralysis Nose discharge Difficult breathing thru nose Sore gums Muscle jerking Convulsions Forgetfulness Confusion Dental problems Sore mouth Forgetfulness Confusion Depression Patient's Signature	Swollen joints		Nausea	Coughing blood
Sore muscles Vaginal bleeding Weak muscles Vaginal pain Diarrhea Lung problems Walking problems Breast pain Constipation Varicose Veins Ruptures Lumps on breast Bloody stool Hemorrhoids Eye strain Liver trouble Eye inflammation Gall bladder problems Weight trouble Ear pain Nose discharge Paralysis Nose discharge Paralysis Dizziness Sore gums Muscle jerking Dental problems Sore mouth Posperssion Difficult speech Patient's Signature Abdominal pain Heart problems Lung problems FYE, EAR, NOSE, AND THROA' Eye strain Eye inflammation Eye inflammation Eye inflammation Eye inflammation Nision problems Weight trouble Ear pain Ear noises Ear discharge Hearing loss Nose pain Nose bleeding Difficult breathing thru nose Sore gums Muscle jerking Dental problems Confusion Hoarseness Difficult speech	Painful joints	FEMALE	Vomiting food	Rapid heartbeat
Sore muscles Vaginal bleeding — Abdominal pain — Lung problems Weak muscles — Vaginal pain — Diarrhea — Lung problems Walking problems — Breast pain — Constipation — Varicose Veins Black stool — EYE, EAR, NOSE, AND THROA' Bloody stool — Hemorrhoids — Eye strain — Eye inflammation Gall bladder problems — Vision problems Weight trouble — Ear pain — Ear noises Ear discharge — Hearing loss Loss of feeling — Nose pain Nose bleeding — Dirziness — Nose discharge Paralysis — Nose discharge — Difficult breathing thru nose Muscle jerking — Dental problems — Sore mouth Forgetfulness — Sore throat — Confusion — Depression — Difficult speech	Stiff joints	Vaginal discharge	Vomiting blood	Blood pressure problems
Walking problems Ruptures Lumps on breast Broken bones Are you pregnant? Yes No Please mark your areas of pain on the figures below. Please mark your areas of pain on the figures below. Please mark your areas of pain on the figures below. Please mark your areas of pain on the figures below. Please mark your areas of pain on the figures below. Please mark your areas of pain on the figures below. Please mark your areas of pain on the figures below. Paralysis Districute breathing thru nose beleding Nose pain Nose bleeding Nose discharge Paralysis Difficult breathing thru nose Sore gums Muscle jerking Convulsions Forgetfulness Confusion Depression Patient's Signature		Vaginal bleeding	Abdominal pain	Heart problems
Walking problems Ruptures Lumps on breast Broken bones Are you pregnant? — Yes No Please mark your areas of pain on the figures below. Please mark your areas of pain on the figures below. Please mark your areas of pain on the figures below. Please mark your areas of pain on the figures below. Please mark your areas of pain on the figures below. Please mark your areas of pain on the figures below. Please mark your areas of pain on the figures below. Paralysis — Numbness — Loss of feeling — Paralysis — Nose pain — Nose bleeding — Nose discharge — Paralysis — Difficult breathing thru nose — Sore gums — Muscle jerking — Convulsions — Sore mouth — Forgetfulness — Confusion — Popression Patient's Signature	Weak muscles		Diarrhea	Lung problems
Broken bones			Constipation	Varicose Veins
Broken bones Are you pregnant? Yes No Hemorrhoids Liver trouble Gall bladder problems Weight trouble NERVOUS SYSTEM Nose plain Nose plain Nose bleeding Paralysis Dizziness Fainting Headaches Sore gums Muscle jerking Convulsions Forgetfulness Confusion Depression Patient's Signature			Black stool	
Please mark your areas of pain on the figures below. Please mark your areas of pain on the figures below. Please mark your areas of pain on the figures below. Please mark your areas of pain on the figures below. Paralysis Dizziness Muscle jerking Convulsions Confusion Patient's Signature Patient's Signature Eye strain Eye inflammation Vision problems Ear pain Ear noises Ear discharge Hearing loss Nose pain Nose pain Nose bleeding Nose discharge Difficult breathing thru nose Sore gums Convulsions Sore mouth Forgetfulness Confusion Difficult speech			Bloody stool	EYE, EAR, NOSE, AND THROAT
Please mark your areas of pain on the figures below. Gall bladder problems Vision problems		The second secon		Eye strain
Please mark your areas of pain on the figures below. Weight trouble NERVOUS SYSTEM Ear noises Ear discharge Hearing loss Loss of feeling Paralysis Dizziness Fainting Headaches Sore gums Muscle jerking Convulsions Forgetfulness Confusion Depression Patient's Signature Ear pain Ear noises Ear discharge Ear discharge Data discharge Fair discharge Dometicult breathing thru nose Sore gums Dental problems Sore mouth Hoarseness Difficult speech			Liver trouble	Eye inflammation
NERVOUS SYSTEM — Ear noises — Ear discharge — Numbness — Loss of feeling — Paralysis — Dizziness — Nose bleeding — Paralysis — Difficult breathing thru nose — Headaches — Fainting — Headaches — Sore gums — Muscle jerking — Dental problems — Convulsions — Sore mouth — Forgetfulness — Confusion — Depression — Difficult speech Patient's Signature		-	Gall bladder problems	Vision problems
NERVOUS SYSTEM Bar noises Ear discharge Hearing loss Loss of feeling Paralysis Dizziness Sore discharge Fainting Headaches Muscle jerking Convulsions Forgetfulness Confusion Depression Patient's Signature Ear noises Ear discharge Hearing loss Nose bleeding Nose bleeding Nose discharge Difficult breathing thru nose Sore gums Dental problems Sore mouth Hoarseness Difficult speech	Please mark your areas of	pain on the figures below.	Weight trouble	Ear pain
Numbness — Hearing loss Loss of feeling — Nose pain Paralysis — Nose bleeding Dizziness — Nose discharge Fainting — Difficult breathing thru nose Headaches — Sore gums Muscle jerking — Dental problems Convulsions — Sore mouth Forgetfulness — Sore throat Confusion — Hoarseness Depression — Difficult speech				Ear noises
Loss of feeling — Nose pain — Paralysis — Nose bleeding — Dizziness — Nose discharge — Fainting — Difficult breathing thru nose — Headaches — Sore gums — Muscle jerking — Dental problems — Convulsions — Sore mouth — Forgetfulness — Sore throat — Confusion — Hoarseness — Depression — Difficult speech			NERVOUS SYSTEM	Ear discharge
Loss of feeling — Nose pain — Paralysis — Nose bleeding — Dizziness — Nose discharge — Fainting — Difficult breathing thru nose — Headaches — Sore gums — Muscle jerking — Dental problems — Convulsions — Sore mouth — Forgetfulness — Sore throat — Confusion — Hoarseness — Depression — Difficult speech		ā	Numbness	Hearing loss
Paralysis — Nose bleeding — Dizziness — Nose discharge — Fainting — Difficult breathing thru nose — Headaches — Sore gums — Muscle jerking — Dental problems — Convulsions — Sore mouth — Forgetfulness — Sore throat — Confusion — Hoarseness — Depression — Difficult speech Patient's Signature	7	7	Loss of feeling	
Dizziness — Nose discharge — Fainting — Difficult breathing thru nose — Headaches — Sore gums — Muscle jerking — Dental problems — Convulsions — Sore mouth — Forgetfulness — Sore throat — Confusion — Hoarseness — Depression — Difficult speech Patient's Signature	1241/	7 (171)		Nose bleeding
Fainting Difficult breathing thru nose Headaches Sore gums Muscle jerking Dental problems Convulsions Sore mouth Forgetfulness Sore throat Confusion Hoarseness Depression Difficult speech Patient's Signature	11.11			Nose discharge
Headaches Sore gums Muscle jerking Dental problems Convulsions Sore mouth Forgetfulness Sore throat Confusion Hoarseness Depression Difficult speech Patient's Signature		(/ // //	Fainting	
Muscle jerking — Dental problems — Convulsions — Sore mouth — Forgetfulness — Sore throat — Confusion — Hoarseness — Depression — Difficult speech Patient's Signature	11 11	10 1 11		
Convulsions — Sore mouth — Forgetfulness — Sore throat — Confusion — Hoarseness — Depression — Difficult speech Patient's Signature	91111	01 + 10	Muscle ierking	
— Confusion — Hoarseness — Difficult speech Patient's Signature		\	The second secon	The second of th
— Confusion — Hoarseness — Difficult speech Patient's Signature) // (Forgetfulness	Sore throat
— Depression — Difficult speech Patient's Signature	() ()		COLUMN TO THE PROPERTY OF THE	
Patient's Signature	\ () (\ / / /		
	516	06		
			Patient's Signature	
		DO NOT WRITE		
	Patient accented? Ves N			