

AUTOMOBILE INJURY HISTORY

Name _____ Date of accident _____ Time _____

Where did accident happen? _____

Describe accident in your own words _____

What was your position in car? Driver Passenger. If passenger, were you sitting in Front Right rear Left rear.

Did your vehicle strike other vehicle? Yes No Was your car struck by other vehicle? Yes No

Was the impact from The front? From the right side? From the left side? From the rear?

At the time of impact were you Looking straight ahead? Looking right? Looking left?

Were both hands on the steering wheel? Yes No Was your foot on the brake? Yes No Were you braced for impact? Yes No

Where in the car were you after the accident? _____

Were you wearing seat belts? Yes No Did you strike anything in vehicle at time of impact? Yes No

If Yes specify: Steering wheel Dashboard Windshield Side door Arm rest Side window

Please state part of body: Chest Chin Knee Shoulder Hand Head

Immediately following the accident, how did you feel? _____

Were you unconscious? Yes No In a daze? Yes No Did you go to the hospital? Yes No

If you went to the hospital, when? At time of accident? Yes No Next day? Yes No

How did you get to hospital? Ambulance? Yes No Private transportation? Yes No

Did the ambulance attendants place you in neck collar? Yes No Splints? Yes No Brace? Yes No

Name of hospital _____

Attended by Dr. _____ Were you X-Rayed at hospital? Yes No

If so, what was the diagnosis? _____

Were you admitted to the hospital? Yes No How long did you stay? _____

What treatment was rendered? _____

Describe symptoms from the day following accident to today's date _____

What recommendations were made? See own doctor? Yes No See orthopedic doctor? Yes No

Physical therapy? Yes No

Before the injury were you capable of working on an equal basis with others your age? Yes No

Are your work activities restricted as a result of this accident? Yes No

If yes, give percentage of restriction: _____

Are your home activities restricted as a result of this accident? Yes No

Do you have a copy of police report? Yes No If Yes, please bring a copy to our office.

Signature _____ Date _____