ACCIDENT / II	NJURY QUE	:SHONNAI	KE	Pati	ent Nam	e.							
Dear Patient:				MO		YEAR	DR#	$\perp$	P.	ATIENT :	NUMBE	R	
This questionnaire will allow													
complete it carefully as the in documenting your condition.		ssist the doctor in evalu	uating and	<b>D D</b>									
documenting your condition.	THANK YOU.			23		100 CD							
				39		202			2 2 2				
Use a No. 2 pencil to r	nark vour answers.	When marking in	an <b>Other</b>	4 10		30 3			3 3 3				
bubble please explain in				<b>5 1</b>		40 4			100				
indicated here: . Er				<b>6 12</b>		50 (5)			5 5 6				
						<b>60 6</b>							
						70 T							
. DATE AND TIME	OF ACCIDENT /	IN IIIDV			30 9	<b>30</b> 3			B 3 4				
	T I		4 16 41		!	99 (9)			D (3)				99
ODate: / /	Time:	: am/pm	4. If the		ere la		•	, .				_	
. DESCRIPTION OF	ACCIDENT / IN	LIIDV	→ He				® ⊕Sho		rs		D		(S
			○Ne				R CArr				D (D Hi 		
Automobile Accident Ques	, .	Section B)		per / M			<b>®</b> ⊕ Elb				D (D) Th	_	
Workmen's Compensation				wer Ba	ck		<b>® ⊕</b> For		S		D (C) Kı		
Slip/Fall Accident		1	○ Pe				<b>® ⊕</b> Wri				D CD Le	0	
Other: Accident	Injury			est / Ri	b Cage	9	<b>® ⊕</b> Ha	nds			D (DAI		
1. What was the cause	of your accident	/ injury2	_	domen						Œ	D CD F	eet	1
	or your accident	injury:	○ Oth	ner									
0			5. Desc	ribo s	nv o	thor c	ianifica	nt i	aiurv:	ı			
					ally O	uici 3	igiliica		ijui y .				1
			6. Emer										
2. Describe in your ov	vn worde what han	nonod:	a. Die	d you	rece	ive er	nergen	су с	are?		>Yes	0	No
	m words what hap	peneu.	1 100	1 4 4		•			11.1			_	
0				_	-		rgency		-				
					ges	<u>Spli</u>	ints	<u>OB</u>	race		Neck	Colla	ar
				Other									
			7 Danii		A.C.	A	-!- 4/	Lee See					
			7. Desti									وأسأه	
						ou goʻ		_	whom		-		
				Hospit		○ Hor			lyself		Ambu		
						○ Wo	rk		riend		Famil	ly Me	mber
				Other				00	ther _				
			D. HOSE	DITA	1 \//9	SIT A	ETED	10	CIDI	-NT	/ INI I	IID	V
										-141/	Ш	UN	ı
. IMMEDIATELY AF	TER ACCIDENT	T / IN II IRV	1. When		_								
		/ INOCIT I		mediate	ely /	OLate	er That Da	ay C		1 -	<b>○</b> D:	ays L	ater
1. Did you lose consc			○ Da	te		/			Othe	<u> </u>			
○Yes ○No	o ODon't Kno	)W	1.1.	16 L. N	1					· · · · · I D	- D 1		
2 Have did you fool?			Ho	spital N	iame:				Exam	nined B	y Doct	or:	
2. How did you feel?	- D:	- M											
Confused Da	_	Nervous			.,			. 5.		.			
○Weak ○O	iner		Admitt	ed: O	Yes	No		te Dis	charge	d:			
2 Whom did you inou	adiatalu davalan n	ain 0	0 16		4.		م ما در ا	ر ما ا	d				
3. Where did you imm			2. If x-ra	-	ere ta								
Head	R Shoulders	Buttocks	○He				® ⊕Sh		rs		<b>D (D B</b> (		(S
Neck	R Arms	⊕ Hips     ☐	○ Ne				<b>® ⊕</b> Arr				D (D) Hi		
OUpper / Mid Back	R L Elbows	♠ Thighs		per / M			<b>®</b> ⊕ Elb					_	
CLower Back				wer Ba	ck		® ⊕ For		S		D ( Kı		
Pelvis			○ Pe				<b>® ⊕</b> Wri				D CD Le	_	
Chest / Rib Cage		R Ankles	1	est / Ri	b Cage	9	<b>® ⊕</b> Ha	nds			D (DAI		
Abdomen			_	domen						Œ	D CD F	eet	1
Other			○Oth	ner									
005 Document Plus Technologies, Ind	., Atlanta, GA					I	PLEASE MA	KE NO	MARKS	IN THIS	AREA		
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	SII AFIER ACCID		k. Elbows		
	was performed, of wh	,		R Sprain	R Dislo
Head	O Upper / Mid Back	Chest / Rib Cage		C Lacerations	R Contu
○ Neck	<ul><li>Lower Back</li></ul>	Abdomen			
Other					
			I. Forearms		
-	erformed, of what bod				
Head	O Upper / Mid Back	Chest / Rib Cage			
Neck	<ul><li>Lower Back</li></ul>	Abdomen			
Other			\\/		
VAZIL - 4 41	ar a contract and a contract	1	m. Wrists		
	diagnosis given at the	e nospitai?			R Disloc
a. Head	01.115			R Lacerations	R Contu
<ul> <li>Concussion</li> </ul>	Skull Fracture	<ul><li>Lacerations</li></ul>	R C Other		
Contusions	Other		n Handa / Eingar	2	
b. Jaw			n. Hands / Fingers		- Dialas
	- Oursin	- Distancian	® © Strain	® © Sprain	
Strain	○ Sprain	<ul><li>Dislocation</li></ul>	R C Practure	R Lacerations	
Fracture	○ Whiplash	Lacerations	R C Other		
Contusions	Other		a D.441		
a Mart			o. Buttocks		
c. Neck			R C Strain		R Lacera
Strain	Sprain	<ul> <li>Dislocation</li> </ul>			
Fracture	○ Whiplash	Disc Injury			
<ul> <li>Lacerations</li> </ul>	Contusions		p. Hips		
Other			R C Strain		R Disloca
al IIIaa / 2011	-II- Daal				R C Contus
d. Upper / Mid		51.1			
Strain	Sprain	Dislocation	w. This is		
Fracture	Oilsc Injury	Lacerations	q. Thighs		
Contusions	Other			R C Sprain	R Disloca
- 1 D 1				Lacerations	R C Contus
e. Lower Back					
Strain	Sprain	Dislocation			
Fracture	Olisc Injury	<ul><li>Lacerations</li></ul>	r. Knees		
Contusions	Other			R Sprain	R Disloca
f Dalvia				R Lacerations	R C Contus
f. Pelvis		. B. I			
Strain	○ Sprain	<ul> <li>Dislocation</li> </ul>	a l ana		
Fracture	<ul> <li>Lacerations</li> </ul>	Contusions	s. Legs	0 :	
Other					R Disloca
01 (/5"	•			R Lacerations	R Contus
g. Chest / Rib	•		R Other		
Strain	Sprain	<ul> <li>Dislocation</li> </ul>	4 A 11		
Fracture	<ul> <li>Lacerations</li> </ul>	Contusions	t. Ankles		
Other					
					R Contus
h. Abdomen					
Strain	Lacerations	Contusions			
Other			u. Feet / Toes		
			⊕ ⊕ Strain	R C Sprain	R Disloca
i. Shoulders				R Lacerations	R Contus
R C Strain		R Dislocation			
R 🗅 Fracture					
			v. Other		
			Strain	Sprain	Dislocatio
j. Arms			Fracture	<ul> <li>Lacerations</li> </ul>	<ul><li>Contusior</li></ul>
® © Strain					_
R C Fracture	R D Lacerations		w. Describe any a	dditional diagnosi	s given:
® © Other		2 2 20.110370110		-	

_ D. HOSPITAL VISIT AFTER ACCIDENT / INJURY	i. Shoulders
6. What treatment was administered at the hospital?	
Oral Medication Sutures Splint Collar	® <b>○</b> Other
○Injection ○Ice Packs ○Cast ○Support	
○ Topical Antiseptics  ○ Hot Packs  ○ Brace  ○ Surgery	j. Arms
○Bandages ○Other	
	® ⊕ Other
7. Instructions Given When Discharged From Hospital	
a. Were you told to see?	k. Elbows
General Practitioner Chiropractor Neurologist	
Physical Therapist Orthopedist Internist	® Other
General Surgeon Plastic Surgeon	
Other	I. Forearms
	® ⊕ Pain ® ⊕ Stiffness ® ⊕ Numbness ® ⊕ Tingling
b. What recommendations were made?	® © Other
No Further Care No Follow-up Instructions Observation	
Rest Olce Heat Collar Support	m. Wrists
Time Off Work Other	R Pain R Stiffness R Numbness R Tingling
Chille Oil Work Cottlei	R Other
c. Were medications prescribed?	(R) COUNTRY
- I	n Handa / Fingers
Pain Anti-inflammatory Antibiotic Nervousness	n. Hands / Fingers
Other	
E. FOLLOWING THE ACCIDENT / INJURY	⊕ Other
	D. (( )
1. How much later did additional symptoms develop?	o. Buttocks
Immediately Hours That Evening Next Morning	
ODays OWeek OMonth	® <b>○</b> Other
2. What additional symptoms developed?	p. Hips
a. Head	Pain
Pain Stiffness Numbness Tingling	® ⊕ Other
Other	
	q. Thighs
b. Jaw	
Pain Stiffness Numbness Tingling	ℂOther
Other	
	r. Knees
c. Neck	
Pain Stiffness Numbness Tingling	® ⊕ Other
Other	
	s. Legs
d. Upper / Middle Back	
Pain Stiffness Numbness Tingling	® Other
Other	
	t. Ankles
e. Lower Back	
Pain Stiffness Numbness Tingling	® © Other
Other	C C C C C C C C C C C C C C C C C C C
Cotto	u. Feet / Toes
f. Pelvis	R Pain R Stiffness R Numbness R Tingling
	® Other
	R Cottlet
Other	v Other
a Choot / Bib Cogo	v. Other
g. Chest / Rib Cage	2 Cines van essident linium bereit en et en e
Pain Stiffness Numbness Tingling	3. Since your accident / injury have you suffered from?
Other	Blurred Vision Chest Pain Nausea
	<ul><li>Double Vision</li><li>Difficulty Breathing</li><li>Vomiting</li></ul>
h. Abdomen	Reduced Vision Palpitations Frequent Urination
Pain Stiffness Numbness Tingling	Impaired Hearing
Other	Ringing In Ears Diarrhea Painful Urination
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. <i>F</i> C	LLOWING THE ACCIDENT/INJUKT (Continued	t. General Surgeon   Name:		
4. A	dditionally have you experienced any of the following	Diagnosis And Treatment Recommendation:		
	Anxiety Convulsions Restlessness			
	Depression Dizziness Insomnia			
	Mood Swings			
	Nervousness			
	Poor Memory			
	Tension	g. Plastic Surgeon O Name:		
	Other	Diagnosis And Treatment Recommendation:		
6. H	Daily Living Occupational/Work Recreational Activities Other  Ave you missed work due to this accident / injury?  Missed No Work Limited Work Activity  Missed Work From:  Other  Id you self treat your symptoms?  Other  Id you seek medical care elsewhere?  General Practitioner Name:  Diagnosis And Treatment Recommendation:	Diagnosis And Treatment Recommendation:  9. Have you had any of the following tests?  CT Scan MRI Electrodiagnostic Studi		
		Other		
b	Name:     Diagnosis And Treatment Recommendation:	10. What is the reason for seeking today's cons  Opersisting Complaints Other  Other	ms	tion?
		F. INSURANCE / ATTORNEY INFORMATIO	N	
		Have you contacted an insurance adjuster	Yes	No
C	Chiropractor Oname:	or representative regarding this claim?	❤	(N)
	Diagnosis And Treatment Recommendation:	Company:		
		Adjuster:		
		Claim #:		
		Cidilli #.		
		2. Have you engaged services of an attorney?		
٦	. Neurologist O Name:		❤	(N)
u	Neurologist Name: Diagnosis And Treatment Recommendation:	Attorney:		
	Diagnosis And Treatment Recommendation.	Address:		
		City: State: Zip:		
		Phone:		
		3. Have you filed an accident / injury report?	ூ	(N)
е	Orthopedist Oname:			
	Diagnosis And Treatment Recommendation:	4. Have you filed for insurance benefits?	<b>(Y)</b>	(N)
		Patient's Or Guardian Signature: Date:		
		JI L		
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