

Patient Name _____

Patient# _____ **Date** _____

Date of Accident _____ Time _____ Location _____

What type of accident occurred? Auto Collision On-the-job Injury Other

Please describe how the accident occurred: _____

Did you report the injury to your foreman or employer? Yes No

If auto accident, were you the... Driver Passenger Pedestrian

Did your car strike the other(s) involved? Yes No

Or did the other car strike yours? Yes No Undetermined

Were you struck from... Behind Front Right Side Left Side Car was parked

As a result of the accident, were traffic citations issued to you? Yes No

To the driver of the other car? Yes No

To the driver of your car? Yes No

List the extent of the injuries as you know them: _____

Did you require post-accident hospitalization? Yes No

Name and location of hospital: _____

Have you lost any days from work? Yes No Dates _____

Circle symptoms you have noticed since the accident:

- | | | |
|---------------------|--------------------|----------------------|
| Headaches | Light bothers eyes | Loss of memory |
| Neck Pain | Neck stiff | Ears ringing |
| Sleep problems | Face flushed | Back pain |
| Buzzing in ears | Nervousness | Loss of balance |
| Tension | Fainting | Irritability |
| Loss of smell | Chest Pains | Diarrhea |
| Dizziness | Feet cold | Head seems too heavy |
| Hands cold | Tingling in arms | Tingling in legs |
| Stomach upset | Constipation | Numbness in fingers |
| Numbness in toes | Cold sweats | Fever |
| Shortness of breath | Loss of Taste | Fatigue |
| Depression | Confusion | |

Symptoms other than above: _____

Insurance companies involved: My company: _____

Opposing party: _____

Have you been contacted by an insurance adjuster or company representative regarding this clam?

Yes No

Your Insurance claim number: _____

Name of Your Insurance Adjuster: _____ **Adjuster's phone number:** _____

Do you have Medical pay coverage? Yes No Amount: _____

Do you have an attorney in this case? Yes No

Attorney's Name: _____ Attorney's phone number: _____

Attorney's address: _____

SIGNATURE _____ **DATE** _____

GUARDIAN'S SIGNATURE _____ **DATE** _____