

Automobile and Accident Questionnaire

Please answer all questions completely

Name: _____

Please explain, in detail, how your accident happened:

Were police notified? YES NO

What were the time and date of your present injury? _____

Where did you feel pain immediately after the accident?

Where were you taken after the accident? _____

What treatment was given? _____

Was any other doctor consulted after your accident? YES NO

If so, what is the doctor's name? _____

What treatment was given?

How often did you see the doctor? _____

How long did you see the doctor? _____

Insurance Company: _____ Policy # _____ Claim # _____

Driver of other vehicle (if any):

Name: _____ Ins. Comp. _____ Policy # _____

Driver of vehicle in which you were injured (if applicable):

Name: _____ Ins. Comp. _____ Policy # _____

Name and phone number of your insurance adjuster: _____

Have you retained an attorney? YES NO

If so, please provide their name, phone number and address:

Thank you for your assistance in providing us with this valuable information. We look forward to reviewing this information together so that we can determine if chiropractic care can help you with your injuries.