

AUTOMOBILE ACCIDENT QUESTIONNAIRE

If the purpose of your visit today is related to injury sustained in an automobile accident, please answer the following questions. Please feel free to ask for help if you do not understand any of these questions.

Name: _____

Date of accident? _____ Location of accident (City/State) _____

Briefly describe how the accident occurred: _____

Were you the driver? YES___ NO___ If a passenger, were you in the front or back seat? _____

Were you wearing your seatbelt? YES___ NO___ Did the airbags deploy? YES___ NO___

Did you know the crash was about to happen? YES___ NO___ Did you brace for the impact? YES___ NO___

Did you get cut or scraped anywhere? YES___ NO___ Describe _____

Did you get bruised anywhere? YES___ NO___ Describe _____

Did you have any immediate pain? YES___ NO___ Describe _____

Did you hit your head? YES___ NO___ Did you lose consciousness? YES___ NO___

Did the police investigate the accident? YES___ NO___ Did an ambulance arrive? YES___ NO___

Did you go to the hospital by ambulance? YES___ NO___ What hospital? _____

Were you transported on a backboard YES___ NO___ with a neck collar in place? YES___ NO___

At the hospital, were you examined? YES___ NO___ Were x-rays taken? YES___ NO___

Was a CT scan performed? YES___ NO___ Was any laboratory work performed? YES___ NO___

Were you given prescriptions? YES___ NO___ for what? _____

Were you admitted to the hospital YES___ NO___ or released to see your own doctor? YES___ NO___

Were you referred to any other doctor? YES___ NO___ Who? _____

Have you been examined or treated by any other physician since the accident? YES___ NO___

Who? _____

What treatments have you received? _____

Please **circle** the areas that you are currently having pain and at this time:

head jaw neck mid back lower back chest abdomen pelvis

shoulder arm elbow forearm wrist hand hip thigh knee lower leg ankle foot

Are you experiencing any numbness or tingling in the ? arms hands legs feet

Please list any other symptoms you are experiencing: _____