



BluegrassChiropractic | ACCIDENT INJURY FORM

(please print) Patient Name _____ Phone _____

Date of Accident _____ Hour _____ AM _____ PM _____

Location _____

How did Accident Occur? Auto Collision _____ On-the-job Injury _____ Other _____

If other, please describe the circumstances _____

Did you report the injury to your foreman or employer? YES _____ NO _____

Did he (they) recommend care at our office? YES _____ NO _____

If this was an auto accident, were you the: Driver _____ Passenger _____ Pedestrian _____

If auto collision, were you struck from: Behind _____ Front _____ Right Side _____ Left Side _____ Auto Was Parked _____

Did your car strike other(s) involved? YES _____ NO _____ Did other car strike yours? YES _____ NO _____ Undetermined _____

As a result of the accident, were traffic citations issued to you or other driver? YES _____ NO _____

List the extent of the injuries as you know them _____

Check Symptoms You Have Noticed Since Accident:

____ Headache ____ Dizziness ____ Light Bother Eyes ____ Head Seems Too Heavy

____ Diarrhea ____ Neck Pain ____ Buzzing in Ears ____ Shortness of Breath

____ Loss of Memory ____ Feet Cold ____ Neck Stiffness ____ Pins/ Needles in Arms

____ Ears Ring ____ Hands Cold ____ Sleeping Problems ____ Pins/Needles in Legs

____ Face Flushed ____ Stomach Upset ____ Back Pain ____ Numbness in Fingers

____ Constipation ____ Nervousness ____ Loss of Balance ____ Numbness In toes

____ Cold sweats ____ Tension ____ Fainting ____ Fever

____ Irritability ____ Fatigue ____ Loss of Smell ____ Chest Pain

____ Depression ____ Loss of Taste Symptoms other than above _____

Have you lost any days of work? YES _____ NO _____

Insurance Companies involved _____

Your Insuracne Company _____

Company of the person responsible for injuries? _____

Have you been contacted by an insurance adjuster or company representative regarding this claim? YES _____ NO _____

Do you have an attorney that has advised you in this care? YES _____ NO _____

Attorney Name _____

Address _____

Telephone _____ Date _____