



## Automobile Accident Questionnaire

Patient \_\_\_\_\_ Date \_\_\_\_\_

Sex \_\_\_\_\_ Marital Status \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Who referred you to our office? \_\_\_\_\_ SS# \_\_\_\_\_

Occupation \_\_\_\_\_

Company Name \_\_\_\_\_ Business Phone # \_\_\_\_\_

Company Address \_\_\_\_\_

Please explain in detail how your accident happened: \_\_\_\_\_

\_\_\_\_\_

Driver of other vehicle (if any) \_\_\_\_\_

Name of Person who made contact with you \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_ Claim # \_\_\_\_\_

Name of driver of the vehicle in which you were injured \_\_\_\_\_

Name of Person who made contact with you \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_ Claim # \_\_\_\_\_

Have you retained an attorney?  Yes  No  Not Yet

If so, his/her name, address & phone # \_\_\_\_\_

Give time and date present injury occurred \_\_\_\_\_  AM  PM \_\_\_\_/\_\_\_\_/\_\_\_\_

You were heading?  North  South  East  West on \_\_\_\_\_ (St. or Hwy.)

Other vehicle was heading?  North  South  East  West on \_\_\_\_\_ (St. or Hwy.)

Number of Persons in vehicle \_\_\_\_\_

Were the police notified?  Yes  No Did your head strike the windshield?  Yes  No

Were you knocked unconscious?  Yes  No If so, how long? \_\_\_\_\_

You were struck from?  Behind  Front  Left Side  Right Side

You were?  Driver  Passenger  Front Seat  Back Seat  Using Seat Belt

Did you feel pain immediately after the accident?  Yes  No  Later that day  Next day  When \_\_\_\_\_

Where did you feel the pain? \_\_\_\_\_

Where were you taken after the accident? \_\_\_\_\_

What treatment was given? \_\_\_\_\_

Was any doctor consulted after the accident?  Yes  No Name of doctor \_\_\_\_\_

Doctor's diagnosis \_\_\_\_\_

What treatment was given? \_\_\_\_\_

How long did you see the doctor? \_\_\_\_\_

Have you ever had any complaints in the involved area before?  Yes  No

If so, what were the complaints \_\_\_\_\_

Before the injury, were you capable of working on an equal basis with others your age?  Yes  No

Are your work activities restricted as a result of this accident?  Yes  No

Since the injury, are you symptoms  Improving?  Getting Worse?  The Same?