

IN THE SPACE BELOW, PLEASE DRAW A SIMPLE DIAGRAM, SHOWING HOW THE ACCIDENT HAPPENED:

C. PATIENT'S PERSONAL HISTORY INFORMATION

a. What was the date of your last physical examination? _____

b. What operations have you had and when did you have them? _____

c. What serious illnesses and/or diseases have you had and when did you have them? _____

d. Have you had any falls prior to this accident? Yes No

If yes, explain: _____

e. Have you had any broken bones prior to this accident? Yes No

If yes, explain: _____

f. Have you had any car accidents prior to this accident? Yes No

If yes, explain: _____

g. What hereditary problems are present in your family if any? _____

h. What medication or drugs are you currently taking? _____

i. What kind of activities are you limited to as a result of the accident? _____
