

## Personal Affects Since Injury

***We want to make sure and understand any of the personal consequences that this collision has caused you. Please complete to the best of your ability.***

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

**The collision has affected me physically as follows:** \_\_\_\_\_

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**The collision has affected me emotionally as follows:** \_\_\_\_\_

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**The collision has affected me financially as follows:** \_\_\_\_\_

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Ludwig Chiropractic Center, PS  
19950 S Prairie Rd E., Bonney Lake, WA 98391  
Ph 253-735-0123 Fax 253-735-0759

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

**The collision has affected my relationship with my family as follows:** \_\_\_\_\_

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**The collision has affected me at work as follows:** \_\_\_\_\_

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**The collision has affected my home activities as follows:** \_\_\_\_\_

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**The collision has affected my hobbies as follows:** \_\_\_\_\_

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Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_