Kloor Chiropractic & Wellness Center

VEHICLE ACCIDENT QUESTIONAIRE

This information will be strictly confidential. **Please print neatly, fill out completely and be as accurate as you can**

PRINT FULL NAME		AGE	TODAY'S DATE
STREET ADDRESS	CITY	STATE	ZIP

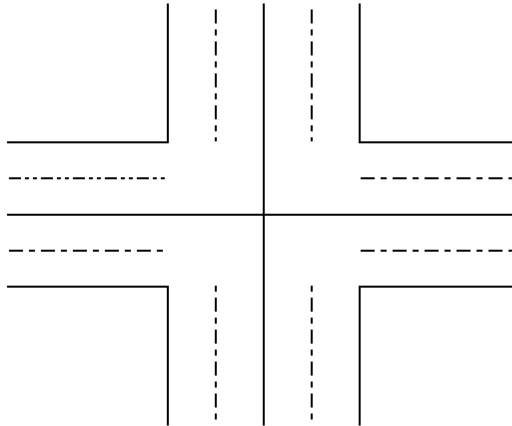
INSURANCE INFORMATION

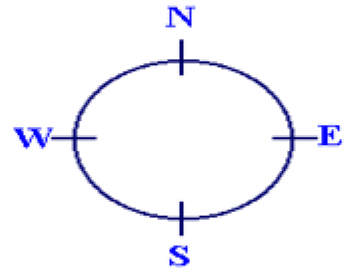
DID YOU NOTIFY YOUR INSURANCE CO.? YES□ NO□	DO YOU HAVE MED-PAY? YES□ NO□	NAME OF YOUR INSURANCE ADJUSTER:	
YOUR INSURANCE COMPANY	POLICY #	CLAIM #	TELEPHONE #
OTHER DRIVER INSURANCE COMPANY	POLICY #	CLAIM#	TELEPHONE #
NAME OF OTHER INSURANCE ADJUSTER	WHICH INSURANCE ARE WE FILING CLAIMS WITH?	NAME OF YOUR DRIVER	OTHER DRIVER

ACCIDENT INFORMATION

GIVE DETAILS OF HOW ACCIDENT OCCURRED:

A: Your car
B: Other car
→: Direction of travel



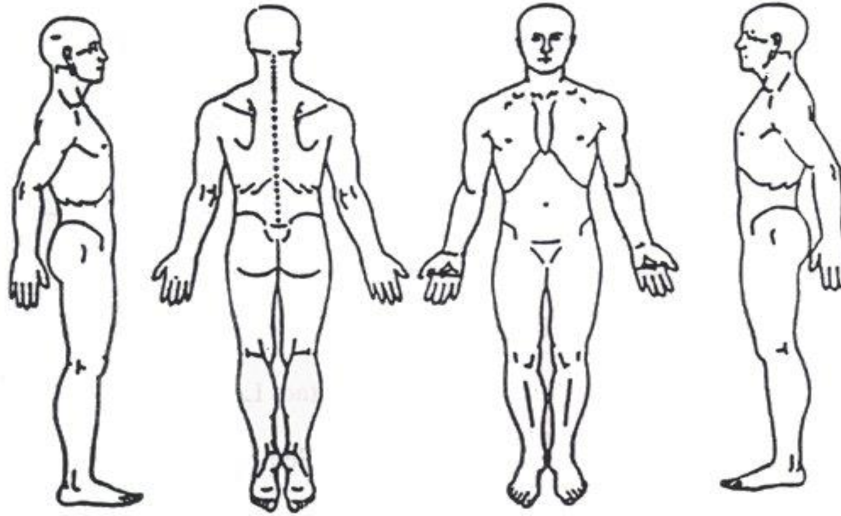


DATE AND TIME OF ACCIDENT: ______/______/_________ _____: _____ AM□ PM□	WERE POLICE NOTIFIED? YES□ NO□	WHO WAS TICKETED? MYSELF□ OTHER PARTY□ NO TICKET ISSUED□	DO YOU HAVE AN ATTORNEY? YES□ NO□	
ATTORNEY NAME	ADDRESS	CITY	STATE, ZIP	TELEPHONE #

YOUR VEHICLE WAS STRUCK FROM THE: Front□ Back□ Driver's Side□ Passenger's Side□	YOU WERE: Driver□ Passenger□ In the: Front Seat□ Back Seat□	WERE YOU USING A SEAT BELT? Yes□ No□
NUMBER OF PEOPLE IN YOUR CAR:	APPROXIMATE SPEED OF YOUR CAR:	APPROXIMATE SPEED OF OTHER CAR:

LABLE EXACT AREA(S) OF PAIN FOLLOWING THE ACCIDENT:

▲ Pain ■ Spasm ● Tenderness ≠ Numbness/ Tingling



WERE YOU UNCONSCIOUS? No☐ Yes☐ ⇐ How long?	WERE YOU TAKEN TO A HOSPITAL? Yes☐ No☐	NAME OF HOSPITAL, CITY

WHAT TREATMENT/ IMAGING WAS GIVEN?	WHAT DIAGNOSIS WAS GIVEN?
DID YOU HIT YOUR HEAD? Yes☐ No☐	EXPERIENCE ANY SYMPTOMS Dizziness☐ Nausea☐ Loss of Memory☐ Fatigue ☐

IF YOU CONSULTED ANOTHER DOCTOR, GIVE NAME, ADDRESS AND PHONE:

ANY PRIOR INJURIES OR SYMPTOMS TO THE SAME AREA(S)? IF YES, PLEASE DESCRIBE:

HAS INJURY RESTRICTED YOUR WORK? IF YES, IN WHAT WAY?

BEFORE THIS INJURY, WERE YOU ABLE TO WORK ON AN EQUAL BASIS WITH OTHERS YOUR AGE? Yes☐ No☐	SINCE THIS ACCIDENT, ARE YOUR SYMPTOMS: Improving☐ The Same☐ Getting Worse☐

____________________________ ________________

Patient Signature Date