

# AUTOMOBILE ACCIDENT HISTORY

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  M  F  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Driver's Lic. #: \_\_\_\_\_

Marital Status: M S W D Spouse's Name \_\_\_\_\_

**Health Ins. Company** \_\_\_\_\_ Insured's Name \_\_\_\_\_

Insured's: Date of Birth: \_\_\_\_\_ SS # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Relation to Patient:  spouse  parent  other \_\_\_\_\_

**Auto Insurance Company:** \_\_\_\_\_ Name of Agent: \_\_\_\_\_

Address of Insurance Company: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Claim #: \_\_\_\_\_

Have you retained an attorney?  Yes  No If yes, Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

## GENERAL SYMPTOMS:

Did you hit any part of your body during the collision, for example: head on dash, chest on steering wheel?

Yes  No If yes, which part and how? \_\_\_\_\_

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

Were you hospitalized?  Yes  No If yes, for how long? \_\_\_\_\_

Did you receive care from any other health care specialist?  Yes  No If yes, what is the specialist's name? \_\_\_\_\_

What type of care were you given and for how long? \_\_\_\_\_

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

What are your current symptoms? \_\_\_\_\_

Have you ever been injured in a similar manner?  Yes  No If yes, how and when? \_\_\_\_\_

## ACCIDENT HISTORY:

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_  AM  PM State where accident occurred: \_\_\_\_\_

Explain how accident happened in your own words: \_\_\_\_\_

What type of vehicle were you in? Model: \_\_\_\_\_ Year: \_\_\_\_\_

Were you driving?  Yes  No Was it your car?  Yes  No If not, whose? \_\_\_\_\_

Were you a passenger?  Yes  No  Front  Back  Right Side  Left Side Were you rotated in the seat?  Yes  No Were you reclined?  Yes  No Other: \_\_\_\_\_

Other people in the car?  Yes  No Names and Addresses: \_\_\_\_\_

Were they injured?  Yes  No If yes, explain: \_\_\_\_\_

(Please continue on other side)

