Khalsa Chiropractic

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Accident Questionnaire

Please answer all questions completely. Please fill out this form and bring it to your visit. You can type into it on a computer and then print it, or print it and fill it out by hand. If you need help with this form, call us at (323) 857-1277.

Today's date

About you

Full name	Date of birth	Home phone

Street address

City	State	ZIP code

The accident

Please explain in detail how your accident happened.

Time and date of the injury

You were heading:	On which street or highway?
◯ North ◯ East ◯ South ◯ West	

Were police notified?	You were struck from:
◯ Yes ◯ No	◯ Behind ◯ Front ◯ Left side ◯ Right side

You were the:	You were in the:	Were you wearing a seat belt?
◯ Driver ◯ Passenger	◯ Front seat ◯ Back seat	◯ Yes ◯ No

Other protective device, if any

Were you knocked unconscious?	If so, for how long?
◯ Yes ◯ No	

Where did you feel pain immediately after the accident?

Insurance

Your insurance company	Policy number	Claim number

Your insurance adjuster's name	Adjuster's phone

Driver of other vehicle (if any)	Other driver's insurance company	Claim number

Attorney

Have you retained an attorney? ◯Yes ◯No	Attorney's name	Attorney's phone

Attorney's address

Medical care after the accident

Were you taken to a doctor's office or hospital? ◯Yes ◯No	If so, where?

If so, what was the doctor's name, and what treatment was given?

Was any other doctor consulted after your accident? ◯Yes ◯No

If so, what was the doctor's name?	Type of doctor: ◯D.C. ◯M.D. ◯D.O. ◯D.D.S.

What was the diagnosis?

What treatment was given?

How often did you see the doctor?	For how long did you see the doctor?

Your condition

Have you ever had any complaints in the involved area before?

◯ Yes ◯ No

If so, what were the complaints?

Before the injury, were you able to work on an equal basis with others your age?

◯ Yes ◯ No

Are your work activities restricted as a result of this accident?

◯ Yes ◯ No

Since this injury, are your symptoms:

◯ Improving ◯ Getting worse ◯ About the same

Signature

Please sign by hand after printing.

Your signature	**Date**