

LIFELINE CHIROPRACTIC: VEHICLE ACCIDENT REPORT FORM

NAME: _____ DATE: _____

CHECK THE CORRECT BOX OR FILL IN THE BLANK

1. I was involved in an (check one below) accident.
 Automobile
 Truck
 Motorcycle
 Bus
 Train
 Airplane
 Other (describe) _____
2. Give date _____ and hour _____ AM/PM of your accident.
3. The accident occurred at the corner of _____ and the corner of _____ in the city of _____ in the state of _____.
4. I was going to (check one below) at the time of the accident.
 Work
 School
 Shopping
 Other (describe) _____
5. The vehicle I was in at the time of the accident belongs to
 Me
 Other (please describe) _____
6. At the time of the accident I was the
 Driver
 Passenger
7. The injury caused during the accident caused the following type of pain: (please check one)
 The pain started slowly and got worse as time went on.
 The pain started immediately and stayed painful.
8. Check each of the following that happened at the time of the accident.
 I went to the hospital
Hospital Name: _____
 I went to another doctor.
Doctor's Name: _____
 I tried home care.
 I came straight to your office.
9. Check any of the following that apply.
 I hit my head during the accident.
 I blacked out for a moment.
 I was knocked out for _____ How long?
10. I had to take time off from work due to the injuries of this accident.
 Yes
 No
Therefore, I missed _____ days of work.
11. I have had to take pain-controlling medication to help manage the pain from this accident.
 Yes
 No
12. Choose one of the following:
 I have never had any other accidents.
 I was in another vehicle accident in the past, but have not had any pain or problems from the past incident. At the time of the accident I was feeling fine.
 I have a disability that I had at the time of the accident, but the disability that I have has no relationship to this new accident. My disability that I had even before this accident was: _____
13. Choose one of the following:
 I have never had any surgery or operations.
 I have had surgery in the past, but the surgery I had doesn't have any relationship to this injury. The surgery I had previously was: _____
 I had surgery in the past, that has made me weaker in the area where I was injured in this accident. Before the accident the surgery I had was: _____
14. I would describe the pain from my injury as:
 Sharp
 Stabbing
 Dull
 Other (please describe): _____

15. The pain doesn't stay in one spot. I feel pain extending into my (check all that apply):

- Head
- Neck
- Shoulders
- Arms
- Hands
- Upper Back
- Between the shoulder blades
- Chest
- Stomach
- Kidneys
- Intestine
- Lower Back
- Hips
- Legs
- Feet
- Other (please describe): _____

16. Choose one of the following:

- The pain is worse by the end of the day.
- The pain is worse in the morning.

17. Choose one of the following:

- The pain bothers me occasionally (approximately 25% of the time)
- The pain bothers me intermittently (approximately 50% of the time)
- The pain bothers me frequently (approximately 75% of the time)
- The pain bothers me constantly (all of the time)

18. Choose one of the following that best describes how you feel during the day or night when you are working or playing.

- I can work and play as I normally do, I do have pain but it is more of an annoyance than a disability.
- I can work or play, I do have pain and it interferes with these activities and I have to slow down or rest some.
- I can work or play, but the pain prevents me from these activities, as I would like. I have to rest often and some things I can't do at all.
- I cannot work or play, the pain is too severe. It interferes with everything I do.

19. My present injuries and pain were caused by the accident in questions 1, 2, and 3.

20. Choose one of the following that best describes how you felt before the accident:

- Before this accident I had no disability or pain. I was able to work and play without restrictions.
- Before this accident I had another accident and I was having some pain before this new accident but the pain I have from the new accident is much more severe. It is not the same pain as before, it is a new pain.
- Before this accident I had another accident. I was having a lot of pain before this accident but not all the time. Now the pain is there all the time again.

20. Do you feel you will be able to go back to work and continue to do the same work that you did before and do you feel that you will be able to do it without any problem for as long as you would like?

- Yes
- No (if no, please explain why): _____

21. If there is anything else you need to tell us, please give details below:

Signed: _____ Date: _____

Print Name: _____

WARNING: Making a false or fraudulent accident and/or insurance claim is a crime subject to the maximum penalties allowed by law.