Ondracek Chiropractic Center
Personal Injury Questionnaire

Name: _____ Home Phone: _____

Address: _____ City: _____

D. O. B. _____ Age: _____ Sex: M or F SS#: _____

Employers Name: _____ Phone # _____

Address: _____ City: _____ Zip: _____

Nature of Accident

Date of Accident: _____ Time of Day _____

Were you the ( ) Driver ( ) Passenger ( ) Front Seat ( ) Back Seat

( ) Drivers Side ( ) Middle ( ) Right

Year & Model of your Car: _____

Year & Model of the other car: _____

Number of people in the vehicle: _____

Where you wearing seat belts? Yes or No

If yes, what type? ( ) Lap ( ) Shoulder Harness

In your own words describe the accident: _____

_____

_____

Draw the accident:

Was the impact a total surprise? YES or NO

Did you brace yourself? YES or NO

If yes, please explain :_____

_____

Where were your hands and feet?_____

_____

Did you strike anything in the vehicle?_____

_____

Describe any cut or bruises:_____

_____

Where you knocked unconscious? Yes or NO

Where the police notified? YES or NO

Did the ambulance arrive? YES or NO

Did the paramedics examine you? YES or NO

Were you taken to the emergency room? YES or NO

If yes, which hospital? _____

What was performed in the emergency room i.e. exam, x-rays, prescriptions, and /or recommendations? _____

_____

_____

Have you been treated by other doctors since the accident? YES or NO
if yes, please give the name and phone number._____

_____

What was performed at the doctor's office, i.e. exam-rays, prescriptions, and/or recommendations?

_____

Since the injury occurred, are your symptoms: ( ) Improving ( ) Getting Worse ( ) same

What did these symptoms first appear? _____

Have you lost time from work as a result of this accident? YES or NO

If yes: Last Day Worked:_____
Type of Employment: _____
Are you being compensated for your time off? YES or NO
If yes, State the type of compensation:_____

Do you notice any activity restrictions as a result of this injury?_____

_____

If yes please describe:_____

Have you ever been involved in a accident before? Yes or NO

If yes, Describe when, where and type of injury received:_____

_____

Other pertinent information that you feel may be helpful:_____

_____

I understand and agree that regardless of my financial status I am ultimately responsible for the balance of my account for any professional services rendered. I have read all the information and completed the above questions. I certify that this information is true and correct to the best of my knowledge.

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____