Post Accident/ Injury

Personal Information:

First Name: **Last Name:**

Insurance company: **Policy/ Claim #:**

Immediately after the accident:

1. what was your initial reaction:

□ shaken □ frightened □ dizzy
□ upset □ dazed □ light headed
□ nervous □ distressed □ other: _____
□ confused □ weak

2. What type of emergency care was provided?

□ bandanging □ bracing □ cpr
□ neck collar □ splinting □ other _____

3. Where did you have pain?

□ head □ right arm □ right forearm
□ neck □ left arm □ left forearm
□ right shoulder □ right elbow □ right wrist
□ left shoulder □ left elbow □ left wrist
□ right hand □ right leg □ right hip
□ left hand □ left leg □ left hip
□ right buttocks □ right thigh □ right knee
□ left buttocks □ left thigh □ left knee
□ right shin □ right ankle □ right foot
□ left shin □ left ankle □ left foot
□ chest □ rib cage □ upper back
□ mid back □ abdomen □ other: _____
□ pelvis □ low back

4. Did you receive any cuts?

□ head □ right arm □ right forearm
□ neck □ left arm □ left forearm
□ right shoulder □ right elbow □ right wrist
□ left shoulder □ left elbow □ left wrist
□ right hand □ right leg □ right hip
□ left hand □ left leg □ left hip
□ right buttocks □ right thigh □ right knee
□ left buttocks □ left thigh □ left knee
□ right shin □ right ankle □ right foot
□ left shin □ left ankle □ left foot
□ chest □ rib cage □ upper back
□ mid back □ abdomen □ other: _____
□ pelvis □ low back

5. Immediate destination after accident:

□ work □ home □ school
□ hospital □ other: _____
□ doctor

6. who drove you? _____

7. Did you lose conciousnes?

□ yes □ no

If yes how long? _____

Post Injury Treatment:

1. Were you addmited to a hospital?

□ yes □ no

2. Name of Hospital/ Clinic: _____

3. Name of examining physician: _____

5. Diagnosis of Injury: _____

4. Date of discharge:

_____/_____/_____

PDF Created with deskPDF PDF Writer - Trial :: http://www.docudesk.com

6. Which diagnostic exams were performed?

Xrays

□ head	□ right arm	□ right forearm
□ neck	□ left arm	□ left forearm
□ right shoulder	□ right elbow	□ right wrist
□ left shoulder	□ left elbow	□ left wrist
□ right hand	□ right leg	□ right hip
□ left hand	□ left leg	□ left hip
□ right buttocks	□ right thigh	□ right knee
□ left buttocks	□ left thigh	□ left knee
□ right shin	□ right ankle	□ right foot
□ left shin	□ left ankle	□ left foot
□ chest	□ rib cage	□ upper back
□ mid back	□ abdomen	□ other:
□ pelvis	□ low back	

CAT Scan

□ head	□ right arm	□ right forearm
□ neck	□ left arm	□ left forearm
□ right shoulder	□ right elbow	□ right wrist
□ left shoulder	□ left elbow	□ left wrist
□ right hand	□ right leg	□ right hip
□ left hand	□ left leg	□ left hip
□ right buttocks	□ right thigh	□ right knee
□ left buttocks	□ left thigh	□ left knee
□ right shin	□ right ankle	□ right foot
□ left shin	□ left ankle	□ left foot
□ chest	□ rib cage	□ upper back
□ mid back	□ abdomen	□ other:
□ pelvis	□ low back	

MRI

□ head	□ right arm	□ right forearm
□ neck	□ left arm	□ left forearm
□ right shoulder	□ right elbow	□ right wrist
□ left shoulder	□ left elbow	□ left wrist
□ right hand	□ right leg	□ right hip
□ left hand	□ left leg	□ left hip
□ right buttocks	□ right thigh	□ right knee
□ left buttocks	□ left thigh	□ left knee
□ right shin	□ right ankle	□ right foot
□ left shin	□ left ankle	□ left foot
□ chest	□ rib cage	□ upper back
□ mid back	□ abdomen	□ other:
□ pelvis	□ low back	

7. What treatments were administered?

□ adjustments	□ bandaging	□ bracing
□ casting	□ collar	□ hot packs
□ ice packs	□ injection	□ muscle relaxer
□ splinting	□ supports	□ oral medication
□ surgery	□ sutures	□ other:
□ topical antiseptics		

8. What medications were prescribed?

□ antibiotics	□ anxiety	□ anti-inflamatory
□ herbal	□ pain	□ muscle relaxer
□ over-the-counter	□ other:	

9. Recommendations:

□ follow a treatment plan	□ see a chroprator	□ rest	□ see a general practitioner
□ see a general surgeon	□ see an internist	□ no further care	□ see a neurologist
□ see an ortopedist	□ physical therapy	□ plastic surgery	□ undergo observation
□ orthopedic support	□ time off of work	□ heat therapy	□ ice therapy
□ cervical collar	□ see a physician in symptoms persist		□ other:

9. Did you:

□ have multiple visits to one facility for the same injury?
□ have multiple visits to several facilities for the same injury?

10. Total number of visits:

11. Reasons for visits:

□ aggravation or re-injury	□ continued pain
□ lack of progress or healing	□ new injury affecting complaint

PDF Created with deskPDF PDF Writer - Trial :: http://www.docudesk.com

If you had gone to a different hospital/clinic other than the one listed about please fill out the following:

1. Name of second hospital/ clinic:

2. Name of examining physician:

3. Date of initial visit:

4. Date of discharge:

5. Which diagnostic exams were performed?

Xrays

□ head	□ right arm	□ right forearm
□ neck	□ left arm	□ left forearm
□ right shoulder	□ right elbow	□ right wrist
□ left shoulder	□ left elbow	□ left wrist
□ right hand	□ right leg	□ right hip
□ left hand	□ left leg	□ left hip
□ right buttocks	□ right thigh	□ right knee
□ left buttocks	□ left thigh	□ left knee
□ right shin	□ right ankle	□ right foot
□ left shin	□ left ankle	□ left foot
□ chest	□ rib cage	□ upper back
□ mid back	□ abdomen	□ other:
□ pelvis	□ low back	

CAT Scan

□ head	□ right arm	□ right forearm
□ neck	□ left arm	□ left forearm
□ right shoulder	□ right elbow	□ right wrist
□ left shoulder	□ left elbow	□ left wrist
□ right hand	□ right leg	□ right hip
□ left hand	□ left leg	□ left hip
□ right buttocks	□ right thigh	□ right knee
□ left buttocks	□ left thigh	□ left knee
□ right shin	□ right ankle	□ right foot
□ left shin	□ left ankle	□ left foot
□ chest	□ rib cage	□ upper back
□ mid back	□ abdomen	□ other:
□ pelvis	□ low back	

MRI

□ head	□ right arm	□ right forearm
□ neck	□ left arm	□ left forearm
□ right shoulder	□ right elbow	□ right wrist
□ left shoulder	□ left elbow	□ left wrist
□ right hand	□ right leg	□ right hip
□ left hand	□ left leg	□ left hip
□ right buttocks	□ right thigh	□ right knee
□ left buttocks	□ left thigh	□ left knee
□ right shin	□ right ankle	□ right foot
□ left shin	□ left ankle	□ left foot
□ chest	□ rib cage	□ upper back
□ mid back	□ abdomen	□ other:
□ pelvis	□ low back	

6. What treatments were administered?

□ adjustments	□ bandaging	□ bracing
□ casting	□ collar	□ hot packs
□ ice packs	□ injection	□ muscle relaxer
□ splinting	□ supports	□ oral medication
□ surgery	□ sutures	□ other:
□ topical antiseptics		

7. What medications were prescribed?

□ antibiotics	□ anxiety	□ anti-inflamatory
□ herbal	□ pain	□ muscle relaxer
□ over-the-counter	□ other:	

8. Recommendations:

□ follow a treatment plan	□ see a chroprator	□ rest	□ see a general practitioner
□ see a general surgeon	□ see an internist	□ no further care	□ see a neurologist
□ see an ortopedist	□ physical therapy	□ plastic surgery	□ undergo observation
□ orthopedic support	□ time off of work	□ heat therapy	□ ice therapy
□ cervical collar	□ see a physician in symptoms persist		□ other:

PDF Created with deskPDF PDF Writer - Trial :: http://www.docudesk.com

9. Have You:
□ had prior treatment for this complaint?
□ had prior radiographs taken for this complaint?

Please list any additional comments regarding the injury

PDF Created with deskPDF PDF Writer - Trial :: http://www.docudesk.com