

**McMullen Chiropractic Center**  
**Auto Accident/ Workman Compensation Injury Questionnaire**

Date of Accident \_\_\_\_\_ Hour \_\_\_\_\_ AM PM Location \_\_\_\_\_

Briefly describe the accident/injury \_\_\_\_\_

\_\_\_\_\_

Has the accident been reported? Y N To whom? Employer \_\_\_ Police \_\_\_ Ins. Carrier \_\_\_\_\_

If work related did employer recommend care in this office? Y N

**AUTO ACCIDENT:**

Were you? Driver \_\_\_\_\_ Passenger \_\_\_\_\_ Pedestrian \_\_\_\_\_

Were you? Struck from behind \_\_\_\_\_ Struck from front \_\_\_\_\_ Struck on R L Side \_\_\_\_\_

Did your car strike the other (s) involved? Y N Did the other car strike yours? Y N

As a result of the accident was a citation issued? to you \_\_\_\_\_ (or) the other driver \_\_\_\_\_

List symptoms/injuries experienced immediately following the injury (and) apply level of intensity

\*\*\* VAS Scale 1-10 1 being very mild and 10 being remarkably severe \*\*\*

\_\_\_\_\_

**Circle additional symptoms since the accident:**

Headache	Irritability	Numbness in toes	Face flushed	Feet cold	Shortness of breath
Chest pain	Hands cold	Neck stiff	Fatigue	Fainting	Numbness in fingers
Back pain	Depression	Neck Pain	Constipation	Nervousness	Pins/Needles in arms
Loss of Smell	Cold Sweats	Stomach upset	Fever	Tension	Lights bother eyes
Diarrhea	Face flushed	Loss of taste	Pins and needles in legs		Head seems heavy

**OTHER SYMPTOMS** \_\_\_\_\_

List any tests, studies, or medications received for this condition: \_\_\_\_\_

\_\_\_\_\_

Were you admitted to the hospital? Y N Transported by: Ambulance \_\_\_ Police \_\_\_ Self \_\_\_\_\_

Name of Hospital \_\_\_\_\_ Date Admitted \_\_\_\_\_ Date Released \_\_\_\_\_

**Work Restrictions due to this condition:** Off Work? Y N Light Duty Y N

What type of work do you do? \_\_\_\_\_

Have you been contacted by an insurance company representative regarding this claim? Y N

Do you have an attorney that has advised you in this case? Y N

**PLEASE COMPLETE INSURANCE WORKSHEET ON BACK OF FORM. THANK YOU!**