KANADY

CHIROPRACTIC CENTER

Patient Name: ____ **Date:**________________

AUTO COLLISION

If accident was an automobile collision please provide us with the following:

Were you: ☐ Driver ☐ Passenger ☐ Pedestrian

Where you struck from: ☐ Behind ☐ Right Side ☐ Left Side ☐ Front ☐ Auto was Parked

Did your car strike the other(s) involved? ☐ Yes ☐ No

Did the other(s) car involved strike yours? ☐ Yes ☐ No ☐ Undetermined

Was your car stationary at the time of impact? ☐ Yes ☐ No

If no, **approximately** how fast was your car going? ☐ Under 5 mph ☐ 10-20 mph ☐ 25-40 mph ☐ Over 40 mph

Was the other car stationary at the time of impact? ☐ Yes ☐ No

If no, **approximately** how fast was the other car going?☐ Under 5 mph ☐ 10-20 mph ☐ 25-40 mph ☐ Over 40 mph

Name of person/business whom you believe is liable____

Address and phone number of above person/business ____

____

Insurance carrier for the person/business ____

Address ____ Claim # ____________________

Have they authorized payment for medical/chiropractic expenses? ☐ Yes ☐ No

Have you been contacted by an insurance adjuster or company rep regarding this claim? ☐ Yes ☐ No

Name of Person ________________________________ Claim # ____________________

Do you have an attorney that has advised you in this case? ☐ Yes ☐ No

Attorney's Name ________________________________ Telephone ____________________

Address ____

Did your injuries occur in the course of employment ("on the job") ☐ Yes ☐ No

Date injured __________________________ Hour of injury ____________ ☐ AM ☐ PM

Location of Accident ____

Please explain how your injury occurred ____

____

What symptoms do you have as a result of your injury? ____

____

Did you require hospitalization? ☐ Yes ☐ No Hospital Name ____________________________

Have you lost any days of work? ☐ Yes ☐ No Dates ____________Date Last Worked ____________

Was a police report filled out? ☐ Yes ☐ No

Have you ever had an injury to the **same area** where you are now hurting? ☐ Yes ☐ No

If "Yes" state **when** and **how** you were injured ____

____