

KANADY

CHIROPRACTIC CENTER

Patient Name: _____ Date: _____

“PERSONAL INJURY” (ie. slips, falls, other physical circumstances resulting in bodily injury)

If you were not involved in an automobile collision but were injured and feel that someone is liable, please include the following:

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 _____

Any other pertinent information to your injury _____