

HOWARD CHIROPRACTIC
808 WHITE RIVER BLVD.
MUNCIE, IN. 47303
765-254-9481

PERSONAL INJURY QUESTIONNAIRE

Name _____ Phone _____ Date _____
Address _____ City _____ State _____ Zip _____
Social Security Number _____ Birth Date _____ Sex _____ Date of Injury _____
Employer's Name _____ Employer's Address _____

NATURE OF ACCIDENT:

1. Date of Accident _____ Time of Day _____
2. Were You: () Driver () Passenger () Front Seat () Back Seat
3. Number of People in Your Vehicle? _____
4. What Direction Were You Headed? () North () East () South () West
on (name of street) _____
5. What Direction Was Other Vehicle Headed? () North () East () South () West
on (name of street) _____
6. Were You Struck From: () Behind () Front () Left Side () Right Side
7. Were You Knocked Unconscious? () Yes () No If Yes, For How Long? _____
8. Where Were You Taken After The Accident? _____
9. Were The Police Notified? () Yes () No
10. In Your Own Words, Please Describe the Accident: _____

11. Did You Have Any Physical Complaints BEFORE THE ACCIDENT? () Yes () No
If Yes, please describe in detail: _____

12. Please Describe How You Felt:
A. DURING The Accident: _____
B. IMMEDIATELY AFTER The Accident: _____
C. LATER THAT DAY: _____
D. THE NEXT DAY: _____
13. What Are Your PRESENT Complaints and Symptoms? _____

14. Do You Have Any Congenital (from birth) Factors Which Relate to This Problem?
() Yes () No If Yes, Please Describe: _____
15. Do You Have Any Previous Illnesses Which Relate to this Case? () Yes () No
If Yes, Please Describe: _____