

PATIENT INFORMATION



Name _____ Today's Date _____
 Date of Birth _____ Height _____ Weight _____ Dominant Hand? R L
 Address _____ City _____ Zip _____
 Phone (cell) _____ Phone (other) _____
 email _____ DL# _____

Health Insurance Company _____ Policy# _____
 Address _____ City _____ Zip _____
 Adjuster _____ Phone _____
 Car Insurance Company _____
 Address _____ City _____ Zip _____
 Adjuster _____ Phone _____
 Agent _____ Phone _____
 Policy # _____ Claim # _____
 What Medical Payments Coverage? _____ What Uninsured Motorist Coverage? _____
 What Law Firm Represents You? _____
 Address _____ City _____ Zip _____
 Your Lawyer's Name? _____ Phone _____

Name of Insured on your Car Policy _____ For office use only
Patient #
 Date of Loss/Accident? _____ Date you first saw any Doctor after accident _____
 Cost of all medical treatment since the accident? \$ _____
 How much income have you lost since the accident \$ _____
 What is the property damage (repair amount) of your car? \$ _____

Name of your Personal M.D. _____ Phone _____
 Address _____ City _____ Zip _____
 Write any Ambulance, Hospital, M.D., Chiropractor, Dentist, Acupuncturist, PT, etc., since accident

Name	Type	Phone#	Amount of Bill	For office use only Records Rec'd
_____	---	_____	_____	_____
_____	---	_____	_____	_____
_____	---	_____	_____	_____
_____	---	_____	_____	_____

Please use other side of page to write additional doctors & hospitals

Claim #: _____

Symptoms



Patient _____ Date _____ Date of Injury _____

Please fill in all symptoms you currently have that you did not have before the accident.

Orthopedic & Musculoskeletal Symptoms

- "Clunk" Sound with Neck Movements
- Neck Pain
- Upper Back Pain
- Low Back Pain
- Shoulder Pain Left Right
- Upper Arm Pain Left Right
- Elbow Pain Left Right
- Forearm Pain Left Right
- Wrist Pain Left Right
- Hand Pain Left Right
- Hip Pain Left Right
- Upper Leg Pain Left Right
- Knee Pain Left Right
- Lower Leg Pain Left Right
- Ankle Pain Left Right
- Foot Pain Left Right
- Jaw Pain
- Clicking in Jaw
- Pain when Chewing
- Face Pain
- Chest Pain
- Stomach Pain
- Bruise/Contusion to _____
- Abrasion/Scrape to _____
- Other Symptom _____
- Other Symptom _____

Neurological Symptoms

- Numb/Tingling Arm / Hand L R
- Numb/Tingling Leg / Foot L R
- Weakness Arm / Hand L R
- Weakness Leg / Foot L R

Symptoms Associated with Injuries

- Range of Motion Problems
- Headaches
- Muscle Spasms
- Dizziness
- Visual Disturbances
- Sleep Disruption
- Radiating Pain
- Anxiety
- Depression
- I am taking over-the-counter pain meds

Brain/Neuropsych/MTBI Symptoms

- Wanting to be Alone
- Sleepiness
- Nausea/vomiting
- Difficulty Concentrating
- Day Dreaming/Staring Mindless Staring
- Mood Swings
- Agitation
- Sadness or tearful
- Blurry Vision
- Double Vision
- Disoriented
- Confused
- Difficulty Speaking
- Feelings of Isolation from Others
- Attention Problems
- Appetite Change
- Pupils Different Sizes
- Room Spins/ Woozy Feeling
- Balance Problems
- Difficulty Walking
- Difficulty Focusing/Easily Distracted
- Very Tired
- Dozing During The Day
- Personality Change
- Can't Remember Numbers
- Reading Problems
- Writing Problems
- Difficulty with Adding/Subtracting
- Poor Attention
- Difficulty Learning New Things
- Difficulty Understanding
- Difficulty Remembering Things
- Re-reading Things to Understand It
- Anger
- Difficulty Making Decisions
- Change in Sexual Functioning
- Reduced Confidence
- Helplessness
- Apathy (Don't Care)
- Irritable
- Change in Sense of Taste or Smell
- Flashbacks to Accident
- Impatience
- Frustration
- Hearing Problems
- Difficulty Planning or Organizing