Richard D. Myers, D.C. 1722 East Main Street, Waynesboro, PA 17268 (717) 762-8737

AUTO ACCIDENT HISTORY UPDATE

PLEASE PRINT

Name _____ Soc. Sec.# _____ D.O.B. _____

Address _____ City _____ State _____ Zip _____

Phone: Home _____ Work _____ Ext. _____ Cell _____

For text msg reminders, list service provider: _____ Email _____

Employer: _____ Emergency Contact _____ Ph. # _____

Any change in Marital Status? Yes No If Yes circle one: Married Divorced Widowed Separated

Insurance Co.: _____ Subscriber _____ Sub. D.O.B. _____

1. List present complaints (describe fully): _____

_____

❑Constant ❑Comes & Goes ❑Dull ❑Sharp ❑Sore ❑Stabbing ❑Aches ❑Burning ❑Numb ❑Stiffness

2. Symptoms are worse when? ❑Standing ❑Bending ❑Turning ❑Lifting ❑Walking ❑Running ❑Sleeping
❑Looking Up / Down ❑Working Overhead ❑Coughing / Sneezing ❑Driving ❑Sitting ❑Housework
❑Other _____

3. Symptoms are better with? ❑Lying down ❑Sitting ❑Standing ❑Bending ❑Legs up in a recliner ❑Activity ❑Heat ❑Ice
❑Pain medication _____ ❑Other _____

4. Previous treatment for **this injury**: _____

5. List current medications: _____

6. Family doctor: _____ Date of last physical _____

7. Other information the doctor should know regarding this condition: _____

_____

ACCIDENT INFORMATION

1. Date of accident: _____ 2. When did symptoms begin? _____

3. State the accident occurred in: _____ 4. Describe the accident: _____

_____

_____

5. You were the: ❒Driver ❒Passenger ❒Front seat ❒Rear seat ❒Pedestrian 6. Police notified? ❒Yes ❒No

7. Your vehicle make / model: _____ Other vehicle: _____

8. Were you wearing seat belts? ❒ Yes ❒ No 9. Were you aware of the impending accident? ❒ Yes ❒ No

10. Did your air bags deploy? ❒ Yes ❒ No 11. Your vehicle was: ❒ Moving ❒ Stopped

12. At impact your head position was: ❒ Forward ❒ Turned: ❒ Left ❒ Right 13. Did you strike any objects? ❒ Yes ❒ No

14. If yes, name the objects you struck and with which body part: _____

15. Your immediate injuries were: _____

16. Were you knocked unconscious? ❒Yes ❒No 17. Where did you go after the accident? _____

18. How did you get there? ❒ Ambulance ❒ Drove myself ❒ Someone drove me ❒ Walked

19. How long after the accident did you seek treatment? ❒Immediately ❒Same day ❒Other: _____

20. Were you hospitalized? ❒ Yes ❒ No 21. If so, when were you released? _____

22. Length of time off work due to injuries: ❒ None Other:

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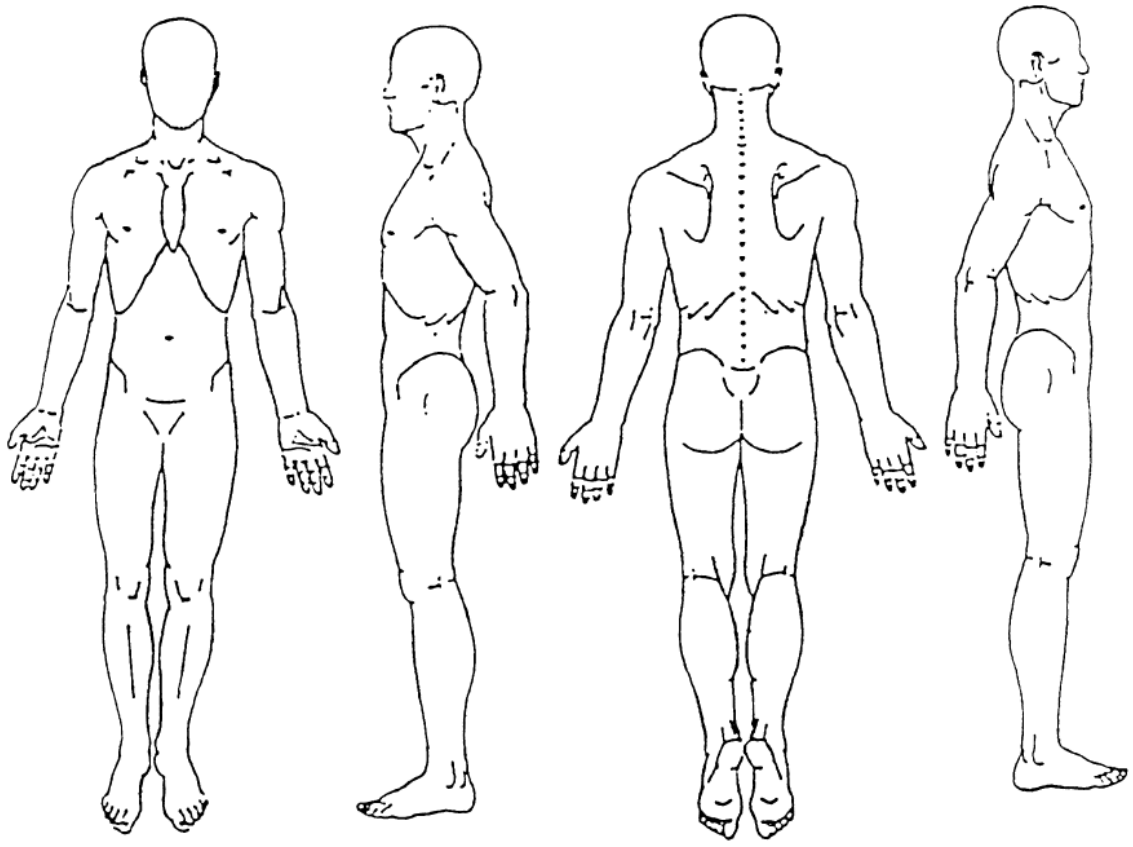
23. Name & address of attorney:	
24. Ins. Comp. Handling Claim:	25. Phone #:
24. Claim #:	25. Ins.Rep.:

PAIN DRAWING

Using the following descriptive symbols, draw the location of your pain on the body outlines below

Ache	Burning	Numbness	Pins & Needles	Stabbing	Other
^^^^^^^	======	000000	.....	//////////	XXXXXX
^^^^^^^	======	000000	.....	//////////	XXXXXX



CIRCLE THE PAIN LEVEL THAT BEST DESCRIBES YOUR CURRENT SYMPTOMS:

0 = NONE
1 = MINIMAL
2 = VERY MILD
3 = MILD
4 = MILD TO MODERATE
5 = MODERATE
6 = MODERATE TO SEVERE
7 = MILDLY SEVERE, RESTRICTS SOME ACTIVITY
8 = SEVERE, LIMITS MOST ACTIVITY
9 = VERY SEVERE
10 = SUICIDAL, UNBEARABLE PAIN

Patient signature / / Date Account #