Cantalupo Chiropractic Supplemental Personal Injury / Automobile Accident Form (1)

At time of accident: Employer: Work phone #	Name	Today's Date	e:/_	/			
*** <u>Note: Circle, check- off or "fill- in" correct response. Leave no blanks!</u> Accuracy is essential! <u>Accident Details:</u> <u>Date of injury:/ Time of dayAM / PM Were you "on the job" at the time of the crash? Y N <u>Describe "in your own words" exactly how this crash happened:</u> <u>Were you the : </u></u>	At time of accident: Employer:	Work phone #					
Accuracy is essential! Accident Details: Date of injury:/ Time of dayAM / PM Were you "on the job" at the time of the crash? Y N Describe "in your own words" exactly how this crash happened:	Current employer?	Unemployed? Y	N Du	ue to accident?	Y N		
Accident Details: Date of injury:/ Time of dayAM / PM Were you "on the job" at the time of the crash? Y N Describe "in your own words" exactly how this crash happened:			ponse. L	eave no blank.	<u>(s!</u>		
Date of injury:/ Time of day AM / PM Were you "on the job" at the time of the crash? Y N Describe "in your own words" exactly how this crash happened:		racy is essential!					
Were you "on the job" at the time of the crash? Y N Describe "in your own words" exactly how this crash happened:							
Describe "in your own words" exactly how this crash happened:	Date of injury :/	Time of day	AM	/ PM			
Were you the : □driver □passenger: in front? / rear seat? □motorcycle : driver? / passenger? other:							
which driven by: Vehicle make, model & yr. Was anyone else in the vehicle with you? Y N . If yes, who?	Describe "in your own words" exactly he	ow this crash happen	ed:				
Was anyone else in the vehicle with you? Y = N. If yes, who? My estimated speed at time of impact wasmph. I was: stopped / slowing / accelerating Dther vehicle: make, model & yr.: Time of day: daylight dawn dusk Road condition: dry dawn west Ny seat headrest: was adjustable If it was adjustable: was it's original position changed by the crash? Y N Was the "seat back" position altered by the crash? Y N. Was it broken by the crash? Y N Lap/seat belt: used used not used don't recall . Shoulder belt: Body position at time of impact? Good Good □leaning forward It ime of crash, brakes applied? Y N What direction was the crash impact in relation to where you were seated (circle one)?	Were you the : □driver □passenger: in other:	front? / rear seat?	Imotorcyc	cle : driver? / pas	ssenger		
Was anyone else in the vehicle with you? Y = N. If yes, who? My estimated speed at time of impact wasmph. I was: stopped / slowing / accelerating Dther vehicle: make, model & yr.: Time of day: daylight dawn dusk Road condition: dry damp wet snow ice hailing My seat headrest: was adjustable If it was adjustable: was it's original position changed by the crash? Y N Was the "seat back" position altered by the crash? Y N Was the "seat back" position altered by the crash? Y N Was the "seat back" position altered by the crash? Y N Was the "seat back" position altered by the crash? Y N Was the "seat back" position altered by the crash? Y N Was the "seat back" position altered by the crash? Y N Lap/seat belt: used not used don't recall Body position at time of impact? Good □leaning forward □other: Head position? Looking forward? Turned: Right? or Left? looking down? Head position: one on the wheel two on the wheel □don't remember A	Vehicle driven by:	Vehicle make, m	10del & yi	r			
Dther vehicle: make, model & yr.: Fime of day: daylight dawn dusk dark Road condition: dry damp wet snow ice hailing other	Was anyone else in the vehicle with you?	Y N. If yes, who?					
Dther vehicle: make, model & yr.: Fime of day: daylight dawn dusk dark Road condition: dry damp wet snow ice hailing other	My estimated speed at time of impact wa	smph. I was:	stopped /	/ slowing / accele	erating		
Time of day: daylight dawn dusk dark Road condition: dry damp wet snow ice hailing other	Other vehicle: make, model & yr.:	•		_	C		
Road condition: dry damp wet snow ice hailing other							
My seat headrest: □ was adjustable □ not adjustable. It was: up / down / I don't recall If it was adjustable: was it's original position changed by the crash? Y N Was the "seat back" position altered by the crash? Y N .Was it broken by the crash? Y N Lap/seat belt: used not used don't recall Shoulder belt: used not used don't recall Body position at time of impact? □ Good □leaning forward □ other:			other				
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Body position at time of impact? Good □leaning forward □other:	Was the "seat back" position altered by	the crash? Y N .Was	s it broken	h by the crash? Y	'N		
Head postion?Looking forward?Turned: Right? or Left?looking up?looking down?Hand position:one on the wheeltwo on the wheel□don't rememberAt time of crash, brakes applied?YNWhat directionwas the crash impact in relation to where you were seated (circle one)?	Lap/seat belt: used not used don't rec	all . Shoulder belt	: used n	ot used don't re	ecall		
Hand position:one on the wheeltwo on the wheeldon't rememberAt time of crash, brakes applied?YNWhat directionwas the crash impact in relation to where you were seated (circle one)?							
At time of crash, brakes applied? Y N What direction was the crash impact in relation to where you were seated (circle one)?	Head postion? Looking forward? Turn	ned: Right? or Left?	looking	up? looking d	own?		
What direction was the crash impact in relation to where you were seated (circle one)?	Hand position: one on the wheel two	o on the wheel $\Box c$	lon't reme	ember			
	At time of crash, brakes applied? Y N	1					
Front / rear / left side / right side or left front / left rear / right front / right rear	What direction was the crash impact in re-	elation to where you	were seate	ed (circle one)?			
	Front / rear / left side / right side or left	eft front / left rear /	right front	t / right rear .			
	During the Crash						
f your car has an airbag, did it deploy? Y N. If yes, were you struck by it? Y N.				ck by it? Y N.			
Were you taken by surprise (unaware of the impending crash) Y N	Were you taken by surprise (unaware of	the impending crash	h)YN				
Did any part of your body strike any part of the vehicle ? Y N, If yes, describe:	Did any part of your body strike any par	t of the vehicle? Y	N, If yes,	describe:			
Did you lose consciousness? Y N. If yes, how long?	Did you lose consciousness? Y N. If ves.	how long?					
Did vehicle strike any objects after the crash? Y N. Were you wearing a hat or glasses? Y N			ou wearing	g a hat or glasse	es?Y		
	Were they still on after the crash? Y N.						
Estimated property damage to your vehicle \$ □ I don't know	•		don't knov	N			
Estimated damage to other vehicle : none minimal moderate major \Box I don't know Were the police on the scene ? Y N If so, did they make a report ? Y N	Estimated damage to other vehicle: non	e minimal mo	derate	major □I don't	t know		
Who, if anyone, received a ticket or citation from the police regarding this crash?	-	· · · ·					

Please turn over to complete this form!

After the crash:

				n the emergency room & release
				licine \Box collar/ brace
If x-rayed, w	nat body parts	were imaged ?:		
If given med	ication: name a	and dosage	1 (1 0	
Any follow u	ip instructions	given? If yes, w	hat were they?	
Uovo vou co	on any other de	ator's hofore a	ming hang? V N	. If yes, complete this section.
				atment
				tment
				tment
				tment
Notes				
Have you mi	ssed work due	to this injury?	V N From	// to//
Have you in	issed work due	to this hijuly:	1 N 110III/	
Did you have	any of the foll	lowing symptor	ns following the c	rach
		dizziness		
Other:	-			
Numbress/#	ingling. if yes	where?		
Doin in orm	alloga: If yes, w	horo?		
-Hov	w long after the			
-Hov Past Histor	w long after the y of injury:	initial crash?		
-How <u>Past Histor</u> Did you have	v long after the y of injury: e any of these s	initial crash? ymptoms imme		
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