

MAJOR COMPLAINT. Describe in detail. _____

What caused this injury? Auto Work Accident Fall Other Explain _____

Date and time you were first aware of this problem _____

Have you received any other treatment for this condition Yes No If yes Doctor Hospital Explain _____

Has there been any diagnosis, treatment, or surgery for this condition? Yes No Explain _____

Has this problem been getting better worse staying same What makes it worse or better? _____

Have you ever had any other injury (ex. auto accident, work injury, fall) Yes No Explain _____

Have you ever been to another chiropractor Yes No When, where and what problem? _____

Are you currently taking medication of any kind? Yes No If yes, what? _____

For what condition? _____

IF YOURS IS AN ACCIDENTAL INJURY, COMPLETE THE FOLLOWING

Date of Accident _____ Place of Accident _____

How did the accident occur? Auto On-the-job injury Other If not an auto accident, please describe: _____

Did you report the injury to your foreman or employer? Yes No Did he(they) recommend care at our office? Yes No

If auto accident, were you Driver Passenger Pedestrian. If auto accident, were you struck from Behind Right Side Left Side

Front Auto was parked. Did your car strike the other(s) involved Yes No

Did the other strike yours? Yes No Undetermined

As a result of this accident, were traffic citations issued to you? Yes No To the driver of the other car? Yes No

To the driver of your car (if you were a passenger)? Yes No List the extent of the injuries as you know them: _____

Did you require post accident hospitalization? Yes No Have you lost any days from work? Yes No Dates _____

Do you have an attorney who has advised you in this case? Yes No Name, address and telephone of your attorney: _____

DOCTORS NOTES:

