

### Motor Vehicle Accident Questionnaire

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Who accompanied patient to the appointment? \_\_\_\_\_

Hand Dominance:  Right  Left

#### PRIOR ACCIDENT HISTORY:

Was there a previous accident?  Yes  No

If yes, what body part was injured?  Right  Left  Bilateral

- |                                  |                                   |                               |                                   |                                     |
|----------------------------------|-----------------------------------|-------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Abdomen | <input type="checkbox"/> Clavicle | <input type="checkbox"/> Hand | <input type="checkbox"/> Low back | <input type="checkbox"/> Sternum    |
| <input type="checkbox"/> Ankle   | <input type="checkbox"/> Elbow    | <input type="checkbox"/> Head | <input type="checkbox"/> Mid Back | <input type="checkbox"/> Upper Back |
| <input type="checkbox"/> Arm     | <input type="checkbox"/> Face     | <input type="checkbox"/> Hip  | <input type="checkbox"/> Neck     | <input type="checkbox"/> Wrist      |
| <input type="checkbox"/> Calf    | <input type="checkbox"/> Foot     | <input type="checkbox"/> Knee | <input type="checkbox"/> Pelvis   |                                     |
| <input type="checkbox"/> Chest   | <input type="checkbox"/> Groin    | <input type="checkbox"/> Leg  | <input type="checkbox"/> Shoulder |                                     |

PRIOR TREATMENT i.e. Chiropractor, physical therapy, surgery, etc.

\_\_\_\_\_

\_\_\_\_\_

Were injuries resolved:  Yes  No

If no, please explain: \_\_\_\_\_

#### CURRENT ACCIDENT HISTORY:

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_

Location of Accident: (Town and Road) \_\_\_\_\_

Light Condition:  Daylight  Dark with street lights on  
 Dark with street lights off  Dark no street lights

Road Conditions:  dry  wet  icy  snow  slush  
 mud  moving water  standing water  windy