

Last Name: _____ First Name: _____ Account #: _____

Automobile Accident Questionnaire

Dear Patient: This information is considered confidential. We need this information because we care enough to want to know, and your answers will help us determine if chiropractic can help you. If we do not sincerely believe your condition will respond satisfactorily, we will not accept your case. In order for us to understand your condition properly, please be as neat and accurate as possible while completing this form. Thank You.

Name: _____ Sex: _____ Marital Status: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Occupation: _____ Who referred you to our clinic: _____

Social Security #: XXX-XXXX-_____ Name of Insured: _____

Your Insurance Company: _____ Policy #: _____ Claim #: _____

Name of Insurance Adjustor: _____ Phone #: _____ Ext: _____

Driver of other vehicle (if any): _____ Their Insurance Company: _____

Date and Time of Accident: _____ Location of Accident: _____

Please explain in detail how your accident happened: _____

Were you in the course of your employment at the time of the accident? _____

Were you a driver or a passenger in a Lyft, Uber, Taxi, Instacart or other "for hire" type vehicle? _____

Were you struck from...Behind: _____ Front: _____ Left Side: _____ Right Side: _____ and were Driver: _____ Passenger: _____ in Front Seat: _____ Back Seat: _____

Were you wearing a seatbelt: _____ Did the airbags deploy: _____ Front: _____ Side: _____ Were the Police notified: _____

Were you knocked unconscious: _____ Were you taken to the Hospital/Doctor/ER: _____

Where did you feel pain immediately: _____ what treatment was given: _____

Have you consulted any other doctors for these conditions since the accident: _____ Name: _____

What treatment were you, and are you having for these conditions: _____

Have you had any complaints in the involved area before: _____ when and what treatment: _____

Prior to the accident were you capable of working on an equal basis with others your age: _____

Have your work activities been restricted since the accident: _____ how: _____

Have you retained an attorney: _____ Their Name: _____ Phone: _____

Sign: _____ Date: _____ Parent or Guardian: _____

Accident Information Highlights

Commonly covered services include:

Medical Expenses: Doctors, Specialists, Massage Therapy, Etc. and the cost of travel to and from so keep track of your mileage. We can provide a mileage receipt for you as well. Other items as prescribed by a doctor such as pillows, braces, etc. may be covered at the insurance company's discretion.

Replacement Services: For things you could normally do for yourself before the accident. These may be grocery shopping, snow removal or lawn care, cleaning etc. and would need to be prescribed by a doctor. These are often difficult to prove but are available when necessary.

Wage or Income Losses: The amount available to you per day may vary on factors such as your normal income and if you have "**stacking**" policies. Self-employed individuals can hire replacement workers to fill in and typical employees will need a Doctors Return to Work Recommendation Form or Workability Report.

Please talk with the doctor if you feel you may need a prescription for any of the above services and consult with an attorney for more specific details.

Massage: We do our best to have massage times available when it is most convenient for our patients. Please understand the need for a 24-hour cancellation policy. If you need to reschedule or cancel an appointment within 24 hours of your scheduled massage (It's ok to cancel with a voicemail or e-mail if the office is closed) you will be assessed a \$35 late cancellation fee if we are unable to fill the timeslot with someone else which is not covered by your No-Fault insurance payer.

Post-Accident things to be aware of:

Independent Medical Exam (IME): At some point your insurance company may ask or require you to attend and IME. **We ask that you NOTIFY US IMMEDIATELY** when they contact you.

Do you need an Attorney?: Every case is different and many do not require an attorney. It is not a bad idea to have an initial consultation with one to understand what your options are, especially if the accident was not your fault. If you don't already have an attorney, we have a list of trusted attorneys our patients have been satisfied with. Please let us know if you obtain an attorney.

I, _____ understand this is a basic information handout not legal advice. The MN Statue covering No-Fault is 65B.41 through 65B.71.

Patient/Guardian: _____ Date: _____ Account #: _____

Accident Information Highlights

Commonly covered services include:

Medical Expenses: Doctors, Specialists, Massage Therapy, Etc. and the cost of travel to and from so keep track of your mileage. We can provide a mileage receipt for you as well. Other items as prescribed by a doctor such as pillows, braces, etc. may be covered at the insurance company's discretion.

Replacement Services: For things you could normally do for yourself before the accident. These may be grocery shopping, snow removal or lawn care, cleaning etc. and would need to be prescribed by a doctor. These are often difficult to prove but are available when necessary.

Wage or Income Losses: The amount available to you per day may vary on factors such as your normal income and if you have "**stacking**" policies. Self-employed individuals can hire replacement workers to fill in and typical employees will need a Doctors Return to Work Recommendation Form or Workability Report.

Please talk with the doctor if you feel you may need a prescription for any of the above services and consult with an attorney for more specific details.

Massage: We do our best to have massage times available when it is most convenient for our patients. Please understand the need for a 24-hour cancellation policy. If you need to reschedule or cancel an appointment within 24 hours of your scheduled massage (It's ok to cancel with a voicemail or e-mail if the office is closed) you will be assessed a \$35 late cancellation fee if we are unable to fill the timeslot with someone else which is not covered by your No-Fault insurance payer.

Post-Accident things to be aware of:

Independent Medical Exam (IME): At some point your insurance company may ask or require you to attend and IME. **We ask that you NOTIFY US IMMEDIATELY** when they contact you.

Do you need an Attorney?: Every case is different and many do not require an attorney. It is not a bad idea to have an initial consultation with one to understand what your options are, especially if the accident was not your fault. If you don't already have an attorney, we have a list of trusted attorneys our patients have been satisfied with. Please let us know if you obtain an attorney.

I, _____ understand this is a basic information handout not legal advice. The MN Statue covering No-Fault is 65B.41 through 65B.71.

Patient/Guardian: _____ Date: _____ Account #: _____