

North Suburban Chiropractic and Acupuncture
9464 N. Federal Blvd.
Westminster, CO 80260
Ph: 303-427-2225 • Fax 303-430-1158

HOW DID THE ACCIDENT HAPPEN?

Patient: _____ Date of Accident: _____

City where the accident occurred: _____

Street location: _____

Describe how the accident happened: _____

Where you the: Driver Front Passenger Rear Passenger

Were you wearing a: Lap Belt Shoulder-Lap Belt No Seat Belt

Does your car have an airbag? Yes No

If so, did it open? Yes No

Estimate crash speeds:

Your vehicle: _____ mph Other vehicle: _____ mph

Describe your vehicle: Small car Mid-size car Full-size car Pick-up/Sports Utility

Large truck Large bus/Semi-truck

Describe the other vehicle:

Small car Mid-size car Full-size car Pick-up/Sports Utility

Large truck Large bus/Semi-truck

How much damage was done to your vehicle? \$ _____

Were you aware of the impending collisions? Yes No

If yes, did you brace yourself? Yes No

If yes, did you relax? Yes No

Did you strike anything within the vehicle? Yes No

If yes, what? _____

Did you lose consciousness: Yes No

Have you noticed any cuts or bruises from your accident? Yes No

If yes, where? _____

What were the road conditions at the time of your accident? Dry Wet Snowy Icy

Did the police come and make a report? Yes No

Were the paramedics called to the scene? Yes No

Were you taken to a hospital? Yes No

If yes, what was done? _____

Have you seen any other doctors since the accident? Yes No

If yes, what has been done? _____

Have you done any home treatment that has helped? Yes No

Who referred you to my office: MD Ins. Company Friend/Relative Attorney

I was a previous patient

Signed _____ Date _____