

Wood Family Chiropractic Center

Dr. Kevin Wood C.C.S.T.

Dr. Colleen Wood

"Safe, Natural Health Care"

Automobile Accident History Form

Your Name: _____

Today's Date: __/__/__

Date of Accident: ____/____/____

Time of Accident ____ am / pm

City of Accident: _____

Street: _____

Road conditions at the time of accident? DRY WET ICE OTHER _____

Did the police come to the scene of the accident? YES NO Is there a report? YES NO

Did you go to the hospital? YES NO

If yes - what is the name and city of the hospital? _____

How did you get to the hospital? _____

What parts of your body were x-rayed? _____

What did the hospital do for your injuries? _____

How long did you stay in the hospital? _____

What bleeding cuts did you sustain during the accident? _____

What bruises did you sustain during the accident? _____

Where were you seated in the vehicle? _____

Were you aware of the approaching collision prior to the impact,
or did impact catch you by surprise? AWARE SURPRISE

Did you lose consciousness (black out) upon impact? YES NO How long? _____

Did you become: CONFUSED DISORIENTED LIGHT HEADED DIZZY NAUSEATED
BLURRED VISION RING / BUZZ IN EARS from the accident? (please circle)

If you still have any of these symptoms, which ones? _____

Are you currently suffering from any of the following: (please circle)

restlessness irritable difficulty concentrating

difficult with memory sleeplessness forgetfulness

reduced tolerance to heat reduced tolerance to alcohol

How far is the top of the headrest or seat back from the top of your head? (approximately)
_____ inches above or below

Were you wearing a seat belt? YES NO

If yes - was it a lap belt? _____ or shoulder - lap belt? _____

List the year, make and model of the car you were in:

YEAR _____ MAKE _____ MODEL _____

Was the other vehicle moving at the time of the collision? YES NO

If yes - what was the approximate speed of the car? _____ MPH

If the other vehicle was moving at the time of the collision, was it (circle one)
slowing down gaining speed at a steady speed

Please describe, to the best of your knowledge, what happened during this accident: _____
