

BLUE MOUNTAIN CHIROPRACTIC CENTER

3565 CROMPOND ROAD

CORTLANDT MANOR, NEW YORK 10567

PERSONAL INJURY QUESTIONNAIRE

Name _____

Insurance Company Name _____

Insurance Co. Address _____

Insurance Co. Phone # _____

Name on Policy _____ Claim Number _____

Policy Number _____

State That Accident Occurred In _____

Attorney Information

Name _____

Address _____

Phone Number _____

Nature of Accident

Date of Accident _____ Time of Day _____

Were You: () Driver () Passenger () Front Seat () Back Seat

Were you struck from: () Behind () Front () Left Side () Right Side

Approximate speed of your vehicle: _____ MPH Other Vehicle: _____ MPH

Were you knocked unconscious? () Yes () No

Were Police notified? () Yes () No

Please describe the accident: _____

What are your present complaints and symptoms? _____

Where were you taken after the accident? _____

Were you hospitalized? () Yes () No

If Yes, Please give name & address: _____

What type of treatment did you receive? _____

Since this injury occurred, are your symptoms: () Improving () Same () Getting Better

Personal Injury

Check the symptoms that you have noticed since your accident occurred:

Headache		Irritability		Numbness in toes		Fainting	
Neck pain		Chest pain		Shortness of breath		Diarrhea	
Stiff neck		Dizziness		Fatigue		Fever	
Sleep problems		Head seems heavy		Depression		Constipation	
Back pain		Tingling in arms		Light bothers eyes		Cold sweats	
Nervousness		Tingling in legs		Memory loss		Loss of smell	
Tension		Numbness in fingers		Ringing in ears		Loss of taste	
Face flushed		Buzzing in ears		Loss of balance			
Cold hands		Cold feet		Upset stomach			

Symptoms other than above:

Have you lost work as a result of this accident? Yes No

If yes: Type of employment:

Date(s) lost from work:

Did you have any physical complaints before the accident? Yes No

If yes, please describe in detail:

Do you have any congenital (from birth) factors which relate to these problems?

Do you have any illnesses that relate to this case? Yes No

If yes, please describe:

Have you ever been involved in an auto accident before, no matter how minor? Yes No

If yes, please note date of accident, as well as any injury sustained:

Are any of your usual activities restricted as a result of this accident? Yes No

If yes, please describe in detail:

Other pertinent information:

Signature: _____ Date: _____