

PERSONAL INJURY QUESTIONNAIRE

Name:		Date:	
Address:		City/State/ZIP:	
Home Phone:		Work Phone:	
Birth Date:	Age:	Social Security #:	
Marital Status:	M W D S	Spouse's Name:	
Your Employer:		Occupation:	
Number of Children:			
Emergency Contact:		Phone:	
Your Insurance Co.:		Claim #:	
Your Attorney's Name:			

Nature of Accident:

1. Date of Accident	
2. Were you: () Driver () Passenger () Front Seat () Back Seat	
3. Number of people in your vehicle?	Other Vehicle?
4. Make and model of your vehicle?	Other Vehicle?
5. What direction were you headed?	Street Name?
6. Direction of other vehicle?	Street Name?
7. In your own words, please describe accident	

8. What are your present physical complaints?

9. Do you notice any activity restrictions as a result of this injury? () No () Yes - describe:

10. Since this injury occurred, are your complaints () Improving () Getting Worse () Same

11. Have you received any treatment for these injuries? () No () Yes - details:

13. Did you have any physical complaints BEFORE THE ACCIDENT? () No () Yes - describe:

14. Have you been involved in an accident before? () No () Yes - describe:

Please notify your auto insurance carrier of your visit to our office immediately. Notify our insurance department immediately if an attorney is representing you. We'll happily bill your insurance company, but you are ultimately responsible for your bill. Once the claim is settled or if you suspend or terminate care, any fees for services are due immediately. **I have read, understand and accept the terms stated on this contract.**

Signature (Parent or Guardian) _____
Date