

Motor Vehicle and Personal Injury Additional Paperwork

Is your discomfort the result of an accident?

YES

NO

What type of accident did you have?

Automobile

Work-related

Other

Date of accident ? (mm/dd/yyyy)

What official reports have been filed for this accident?

Police Report

Insurance Co.

Other

Employee's First Report of Injury (827 Form)

This office requires a copy of that report, how would you like to provide it?

I will provide a hard copy of the report to this practice

I will fax it

I will e-mail it.

Did you see or sense the accident coming?

YES

NO

Immediately following the accident how did you feel? (select one or more)

Disoriented/Dizzy

Tightness in your chest

Nauseous

Unconscious

Other (please explain):

If Auto Accident, your involvement:

Driver

Passenger

Other (please explain):

What happened during the accident?

I was wearing a seatbelt

The airbags deployed

Another vehicle hit my vehicle

My vehicle hit another vehicle

What direction was your vehicle hit or impacted?

Ex. From the rear.

At what speed (MPH) was your vehicle impacted?

Have you taken time off work as a result of this accident?

YES

NO

Are you still off work as a result of this accident? If "Yes" specify date...

YES

NO

Are you being compensated for time lost from work?

YES

NO

Is there an attorney handling the patient's case?

YES

NO

If "yes", please provide Attorney Name and Contact #:

YOUR AUTO INSURANCE INFORMATION

OTHER PARTY INSURANCE INFORMATION

Company Name:

Claim Number:

Adjuster Name:

Adjuster Phone Number:

Your Name:

