

Patient Information

Patient Name: _____ Birthdate _____ Gender: Male/Female

Address: _____ City: _____ State: _____ Zip: _____

Hm Phone: _____ or Cell: _____ Email _____

Occupation: _____ Employer: _____

Date of last physical exam _____ Practitioner name _____ MD / DC / DO Location _____

Please mark (with a number) the sites of any **surgeries**, and significant **accidents**, or **injuries that you have been treated for**.

Then describe it in the numbered spaces below.

You may use a number in multiple sites if the single injury involved more than one location.

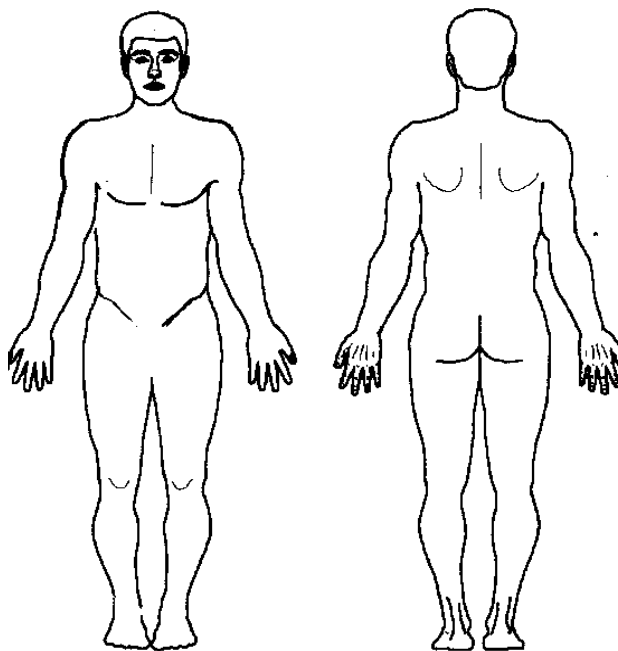
☐ I have had no surgeries, or only (circle) Tonsils, Wisdom

When

What happened and/or What for?

Example: Jan '04 left knee cartilage surgery after football injury.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____



Before the accident, were there symptoms or injuries that you were consistently suffering from or dealing with?

List any medications you are taking or provide a list.

☐ I am not taking any medication.

[illegible]

Name _____ DOB ____ / ____ / ____ Today's Date: ____ / ____ / ____ Accident Date: ____ / ____ / ____

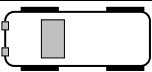
Symptom History

Were you rendered unconscious?	Yes	No	Don't know	How long?		
Last memory before accident						
First memory after accident						
Circle any you have experienced: <small>If any, provide Rivermead quest. [if early, possible CT]</small>		Amnesia, Forgot things	Unusual confusion	Less Alert	Sleep problems	Dizzy
Body Part (incl. Lt or Rt)	Symptom (dizzy, pain, ache, tingling, etc.)	When did symptom begin? (approx. how many)	My symptom is now...	Office use		
				FREQ		Prior
		Immediate / ____ hrs / ____ days	Worse / Same / Better / Gone	C I F O		
		Immediate / ____ hrs / ____ days	Worse / Same / Better / Gone	C I F O		
		Immediate / ____ hrs / ____ days	Worse / Same / Better / Gone	C I F O		
		Immediate / ____ hrs / ____ days	Worse / Same / Better / Gone	C I F O		
		Immediate / ____ hrs / ____ days	Worse / Same / Better / Gone	C I F O		
		Immediate / ____ hrs / ____ days	Worse / Same / Better / Gone	C I F O		
Other: Knees, Arms, Head, Jaw?						
Cuts, Bruises		(photos)				
How did you leave the accident?		Drove	Passenger	Ambulance		
Did you report symptoms to anyone?		Yes	No	Uncertain		
Have you been treated for these symptoms?		Yes	No	by Who? _____		
	--circle all that you received	x-rays	medications	other _____		
Any other treatment/home therapy?		Ice/Heat/Stretching/OTC meds				

Body Position upon Impact

Where were you seated?	Driver	Front Passenger	Back Left	Back Right	
Were you wearing a Seatbelt?	Yes	No			
Air bags deployed?	Yes	No			
Head Position...Looking...	Left	Forward	Right	Unknown	Other
Were you aware of impending impact?	Yes	No			

IMPACT History (All questions refer to **YOUR** car, unless stated otherwise.)

Your car was...	Moving	Stopped	?	
Other vehicles/people involved?				
Did your vehicle hit (or get hit by) another?				
Mark the part where your vehicle [was] impacted [by] the other vehicle:	Front		Back	
Did your body hit anything in the vehicle	Yes	No		
If yes,	Body Part(s) _____	Vehicle Part(s) _____		
Was a police report filed?	Yes	No		

Miscellaneous

Has your insurance been contacted?	Yes	No	
Have you contacted an attorney?	Yes	No	If so, who? _____

Abbrev Key – C – Constant (Several times each day or often during a certain activity), F – Frequent (Multiples times or hours per day or each time during a common activity), O – Occasional (Sometimes or minutes per day or each time during a uncommon activity)

9. Shackford SR, Wald SL, Ross SE, et al. The clinical utility of computed tomographic scanning and neurologic examination in the management of patients with minor head injuries. J Trauma 1992;33:385-394.
10. Stein SC, Ross SE. Mild head injury: A plea for routine early CT scanning. J Trauma 1992;33:11-13.
11. Livingston DH, Loder PA, Koziol J, Hunt CD. The use of CT scanning to triage patients requiring admission following minimal head injury. J Trauma 1991;31:483-489.
28. Stein SC, Ross SE. The value of computed tomographic scans in patients with low-risk head injuries. Neurosurgery 1990;26:638-640.
31. Dacey RG Jr, Alves WM, Rimel RW, Winn HR, Jane JA. Neurosurgical complications after apparently minor head injury. Assessment of risk in a series of 610 patients. J Neurosurg 1986;65:203-210.