

SCHUBBE RESCH CHIROPRACTIC & PT ACCIDENT REPORT FORM

TODAY'S DATE _____ / _____ / _____

NAME _____
FIRST MIDDLE INITIAL LAST

ACCIDENT DATE _____ / _____ / _____ TIME OF ACCIDENT _____ : _____ AM PM

PATIENT DRIVER PASSENGER MOVING STOPPED ESTIMATED SPEED _____ MPH

ROAD CONDITION(S) DRY DAMP WET RAIN ICE SNOW

HEAD REST NONE INTEGRAL ADJUSTED IN POSITION

SEAT BELT WEARING NOT WEARING SHOULDER HARNESS WEARING NOT WEARING

HEAD POSITION: FACING FORWARD FACING LEFT FACING RIGHT

HANDS ONE ON WHEEL TWO ON WHEEL

AWARE OF IMPENDING COLLISION YES NO

FELT BODY GO FORWARD BACKWARD SIDEWAYS OTHER _____

SECOND COLLISION **IN** VEHICLE? YES NO IF YES, EXPLAIN _____

SECOND COLLISION **OUTSIDE** OF VEHICLE? YES NO IF YES, EXPLAIN _____

OTHER(S) IN YOUR CAR **D**=DRIVER **P**=PASSENGER _____

WEARING GLASSES YES NO GLASSES STILL ON AFTER COLLISION YES NO

LOSS OF CONSCIOUSNESS YES NO

INITIAL SIGNS AND SYMPTOMS NONE HEADACHE DIZZINESS DISORIENTATED SHOCK

NUMBNESS/TINGLING IN ARMS LEGS OTHER _____ NECK PAIN/STIFFNESS

UPPER BACK PAIN/STIFFNESS MIDDLE BACK PAIN/STIFFNESS LOWER BACK PAIN/STIFFNESS

ONSET OF SIGNS AND SYMPTOMS DATE _____ / _____ / _____ S M T W T F S HOURS AFTER ACCIDENT _____

AFTER ACCIDENT I/WE WENT HOME HOSPITAL ASAP LATER VIA AMBULANCE CAR

HOSPITAL PROCEDURES X-RAYS LABORATORY TESTS COLLAR PRESCRIPTION _____

DIAGNOSIS _____ INSTRUCTIONS _____

WENT TO DOCTOR'S OFFICE DR NAME _____ DATE _____ / _____ / _____ TIME _____ : _____ AM PM

POLICE INVOLVED YES NO REPORT FILED YES NO

BRAKES ON OFF TRANSMISSION MANUAL AUTOMATIC

TYPE OF CAR YEAR _____ MAKE _____ MODEL _____

OTHER CAR(S) INVOLVED YEAR _____ MAKE _____ MODEL _____

LOCATION OF IMPACT FRONT BACK RIGHT SIDE LEFT SIDE

ESTIMATED PROPERTY DAMAGE \$ _____ VEHICLE DRIVABLE VEHICLE NOT DRIVABLE

PRIOR MEDICAL CARE AND DOCTOR _____ X-RAYS DATE _____ / _____ / _____

PRIOR CHIROPRACTIC CARE AND DOCTOR _____ X-RAYS DATE _____ / _____ / _____

PREVIOUS MOTOR VEHICLE INJURIES _____ DATE _____ / _____ / _____

PREVIOUS WORKERS COMPENSATION INJURIES _____ DATE _____ / _____ / _____

PREVIOUS SPORTS INJURIES _____ DATE _____ / _____ / _____

PLEASE DRAW THE ACCIDENT SCENE

