

Rafey Chiropractic and Health Center

AUTOMOBILE ACCIDENT CASE HISTORY

This is a comprehensive case history of your car accident. Fill this out completely. For each question please select the response(s) that most accurately describes what occurred to you during the accident. **In some questions, more than one (1) response may be necessary to explain what happened.**

1. DATE OF ACCIDENT _____
2. TIME OF ACCIDENT _____ am / pm
3. MAKE and MODEL OF **YOUR** CAR WAS _____
4. MAKE and MODEL OF **OTHER** CAR WAS _____
5. ROAD CONDITIONS AND VISIBILITY AT TIME OF ACCIDENT
 dry wet snowy icy road under construction/repair
 good visibility bad visibility
6. WERE YOU
 Restrained with shoulder harness and lap belt
 Restrained with lap belt only
 Restrained with the shoulder harness only
 Not restrained at all
7. SPEED OF YOUR CAR AT THE TIME OF THE COLLISION
 My car was at a complete stop
 My car suddenly came to a complete stop
 My car was gradually slowing down, coming to a stop with a speed of _____ mph
 I was going the speed limit for the road I was on, which was _____ mph
8. SPEED OF THE OTHER VEHICLE(S) AT THE TIME OF THE COLLISION
 There was no other car involved except my own
 The speed of the car was unknown
 The speed of the car was _____ mph
 The car behind me was at a complete stop and was suddenly struck and pushed forward
 by another car going _____ mph
9. YOUR BODY POSTURE AT THE TIME OF THE COLLISION
 Seated in an upright position and looking straight ahead
 Seated in a slouched position and looking straight ahead
 Seated in an upright position and looking to the right / left
 Seated in a slouched position and looking to the right / left
 Head and torso twisted to the _____ left / _____ right to check kids in the back seat
 Sleeping in the front seat and body posture was unknown
 Sleeping in the back seat and body posture was unknown
 Arm / wrist position prior to impact: _____ on steering wheel _____ arm out of window
 _____ arms relaxed at side
 Other: _____
10. WAS THE IMPACT
 Sudden and unexpected
 I saw it coming and braced for impact

Name: _____

11. I BRACED FOR IMPACT WITH
 My arms against the dashboard
 My arms extended against the steering wheel
12. WAS THE IMPACT
 Rear impact
 Front impact
 Head-on impact
 Side impact to the driver side passenger side
 Lost control of the vehicle and went into: ditch tree utility pole another vehicle
 concrete road median grass road median
 Vehicle was struck by an animal: deer cow horse dog
13. UPON IMPACT THE CAR WAS
 Pushed forward into the intersection _____ amount of feet
 Pushed forward into the intersection _____ amount of feet and then struck on the
 right / left side by another vehicle
 Pushed forward into the car in front of me
 Stayed stationary
 Spun around to the right / left
 Spun around to the right / left and struck a tree utility pole
 ditch car concrete / grass median other: _____
 Spun around to the right / left and rolled _____ time(s)
 Other: _____
14. UPON IMPACT I WAS
 Jerked forward then backward in my seat
 Jerked backward then forward in my seat
 Jerked left to right in my seat
 Jerked right to left in my seat
 Air bag deployed striking me in the head / face and I was pushed backwards
 Air bag deployed striking me in the head / chest and I was pushed backwards
 Air bag deployed striking my arms when protecting my face and I was pushed backwards
 My arms shoulders wrists were jammed backward against the steering wheel
 dashboard back of seat vehicle door
 My knees struck the dashboard
 I cannot recall the specifics of the crash
 Other: _____
15. FOLLOWING THE IMPACT MY
 Chest struck the steering wheel
 Chest struck the steering wheel and my face / head struck the windshield
 Head struck the steering wheel
 Head struck the windshield
 Head struck the dashboard
 Head struck the side window
 Head struck the back of the passenger / driver seat (for back seat passenger)
 Head / face was struck by the air bag and I was pushed back into my seat
 Head struck the head rest
 Head struck and went over the top of the head rest
 Top of my head struck the roof of the car
16. DID YOU EXPERIENCE ANY OF THE FOLLOWING SYMPTOMS AFTER THE ACCIDENT:
 blackouts disorientation / confusion visual problems speech problems
 breathing difficulty loss of consciousness headaches dizziness
 lightheadedness ringing in the ears (tinnitus)

Name: _____

17. WHICH OF THE FOLLOWING BODY REGIONS DID YOU EXPERIENCE PAIN IN IMMEDIATELY AFTER THE ACCIDENT (describe symptoms)

- Neck _____
- Upper / mid back _____
- Lower back _____
- Shoulders _____
- Elbow / wrist / hand _____
- Hip / knee / ankle / foot _____
- Chest or Abdomen _____
- Extremity numbness / tingling _____

18. WHICH OF THE FOLLOWING BODY REGIONS DID YOU EXPERIENCE PAIN A FEW HOURS AFTER THE ACCIDENT (describe symptoms)

- Neck _____
- Upper / mid back _____
- Lower back _____
- Shoulders _____
- Elbow / wrist / hand _____
- Hip / knee / ankle / foot _____
- Chest or Abdomen _____
- Extremity numbness / tingling _____
- Other: _____

19. WHICH OF THE FOLLOWING BODY REGIONS DID YOU EXPERIENCE PAIN OR SYMPTOMS BEGINNING THE NEXT DAY OR WITHIN THE NEXT 2 WEEKS AFTER THE ACCIDENT (describe symptoms)

- Neck _____
- Upper / mid back _____
- Lower back _____
- Shoulders _____
- Elbow / wrist / hand _____
- Hip / knee / ankle / foot _____
- Chest or Abdomen _____
- Extremity numbness / tingling _____
- Other: _____

20. WHAT TYPE OF TREATMENT HAVE YOU RECEIVED SINCE THE ACCIDENT:

- No treatment to date since the accident
- Saw paramedics at scene of the accident and no other treatment since then
- Saw paramedics and transported to the emergency room
- Placed in a neck collar, on a backboard and transported to the ER
- After the accident, I was taken by another person to the ER
- At the ER, I was examined, released with medication and instructed to follow-up if pain continues
- At the ER, I was examined, x-rayed, released with medication and instructed to follow-up if pain continues
- Seen by my family physician _____ days after the accident
- Seen by my family physician and referred to a medical specialist (ortho / phys med / etc.)
- Other: _____

21. SINCE THE ACCIDENT, WHICH OF THE FOLLOWING ACTIVITIES CAUSE YOU TO EXPERIENCE A WORSENING OF YOUR CONDITION

- driving a car reading working on a computer lifting bending leaning
- stooping squatting use of arms overhead personal care ADL's (yard work, etc.)
- recreational activities walking / running up / down stairs any motion of injured area

22. WORK STATUS FOLLOWING THE CAR ACCIDENT

- I have not missed any work since my accident
- I have missed _____ day(s) of work since my accident
- I returned by to work on ____/____/____
- Due to my injuries, I have not been able to return back to work