

## AUTOMOBILE ACCIDENT HISTORY FORM

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_ am/pm

Type of vehicle you were in: \_\_\_\_\_

Where in the vehicle were you seated? \_\_\_\_\_

Which direction were you facing upon impact? \_\_\_\_\_

Type of other vehicle: \_\_\_\_\_

Street and city of accident: \_\_\_\_\_

Road Conditions: Wet / Dry / Icy / Other

Were police called to the scene? Yes / No

Describe what happened in the accident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were you aware of the approaching collision or were you caught by surprise?

\_\_\_\_\_

Were you taken to a hospital? Yes / No. If yes, what is the name and city of the hospital?

\_\_\_\_\_

How did you get to the hospital? \_\_\_\_\_

Were x-rays taken? Yes / No. If yes, what parts of your body were x-rayed?

\_\_\_\_\_

Attending physician (s): \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Recommendation/Medications: \_\_\_\_\_

Did you lose consciousness? Yes / No.      If yes, approximately how long were you unconscious?

\_\_\_\_\_

What cuts and/or bruises did you receive? \_\_\_\_\_

\_\_\_\_\_

Did any part of your body strike the inside of your vehicle? \_\_\_\_\_

\_\_\_\_\_

Estimate speed of your vehicle: \_\_\_\_\_ mph / stopped

Estimate speed of other vehicle: \_\_\_\_\_ mph / stopped

Estimate cost of damage to your vehicle: \_\_\_\_\_

What part of your car was damaged? \_\_\_\_\_

Any previous auto accidents? \_\_\_\_\_

Have you missed any days from work? If so, when? \_\_\_\_\_

Difficulty sleeping, walking, sitting, working, other \_\_\_\_\_

\_\_\_\_\_

What aggravates your condition? \_\_\_\_\_

\_\_\_\_\_

How has this accident affected your lifestyle/moods? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current complaints resulting from the accident (Please list all): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Patient signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(If patient is a minor, name of parent, guardian, etc.)