



**INJURY / ACCIDENT QUESTIONNAIRE**

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

Is your examination today due to a litigated injury or motor vehicle accident? **YES / NO**  
(Circle one)

If **YES**: Please answer the following questions. If **NO**: Please sign at the bottom of this page.

Date of injury / accident: \_\_\_\_\_

Place of injury / accident: \_\_\_\_\_

When did you first see a doctor of this injury/accident? (Include ambulance and/or ER visit.)

\_\_\_\_\_

Describe in your own words how the injury / accident happened:  
(Include position in the vehicle, use of seatbelt, and deployment of air bag, if applicable.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you currently undergoing treatment for this injury/accident? **YES / NO**

If **YES**, by whom: \_\_\_\_\_ for how long? \_\_\_\_\_

Do you have a history of treatment prior to this accident for the injured body part(s)?

**YES / NO**

If **YES**, explain: \_\_\_\_\_

\_\_\_\_\_

Patient Signature: \_\_\_\_\_

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