Accidental Injury Report

Name:_____ Today's Date:_____ Date of Accident:_____

What kind of vehicle were you in during the accident? Truck Car SUV Van
Location in vehicle: Driver Passenger Front Back
Was your vehicle moving when the accident occured? _____
Did other vehicles hit your vehicle(s)? _____
Did your vehicle hit another vehicle or object?_____
Was impact from: Behind Right Side Left Side Front
Were citations issued and to whom? _____
Describe accident and give location: _____

Present Complaints

___Headaches
___Neck pain
___Pain in shoulders (right/left/both)
___Pins and needles in arms(right/left/both)
___Pins and needles in fingers(right/left/both)
___Loss of grip in hand(right/left/both)
___Knee Pain(right/left/both)
___Chest pain
___Mid-back pain
___Lower back pain/ stiffness
___Pain in hips(right/left/both)
___Pain in legs (right/left/both)
___Foot pain(right/left/both)
___Numbness In foot(right/left/both)

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Present Symptoms

Extension of Pain Severity of Pain Type of Pain

___Head
___Headache ___Forehead ___Temple ___Pain in Eye ___Balance ___Dizziness
___Back of Head ___Migraines ___Loss of (Smell/Taste/Hearing) ___TMJ ___Ringing in Ear (Right/Left)

___Cervical

___Neck	___Shoulder	___Forearm	___↓C5	___Minimal(1-2)	___Dull
___R. Arm	___Scapular	___Wrist	___↓C6	___Mild (3-5)	___Sharp
___ L. Arm	___Upper Arm	___Hand	___↓C7	___Moderate(6-8)	___Aching
___Bi-Lateral	___Elbow	___Fingers	___↓C8	___Severe(9-10)	___Throbbing

___Thoracic

___Mid.Back	___R.Intercostal	___Minimal(1-2)	___Dull
___R.Side	___L.Intercostal	___Mild (3-5)	___Sharp
___ L.Side	___Upper Arm	___Moderate(6-8)	___Aching
___Bi-Lateral	___Elbow	___Severe(9-10)	___Throbbing

___Lumbar

___Back	___Buttock	___Calf	___↓L3	___Minimal(1-2)	___Dull
___R. Leg	___Hip	___Ankle	___↓L4	___Mild (3-5)	___Sharp
___ L. Leg	___Thigh	___Foot	___↓L5	___Moderate(6-8)	___Aching
___Bi-Lateral	___Knee	___Toes	___↓S1	___Severe(9-10)	___Throbbing

___Extremities:

_____