

Name _____

Date _____

AUTOMOBILE / INJURY INTAKE FORM

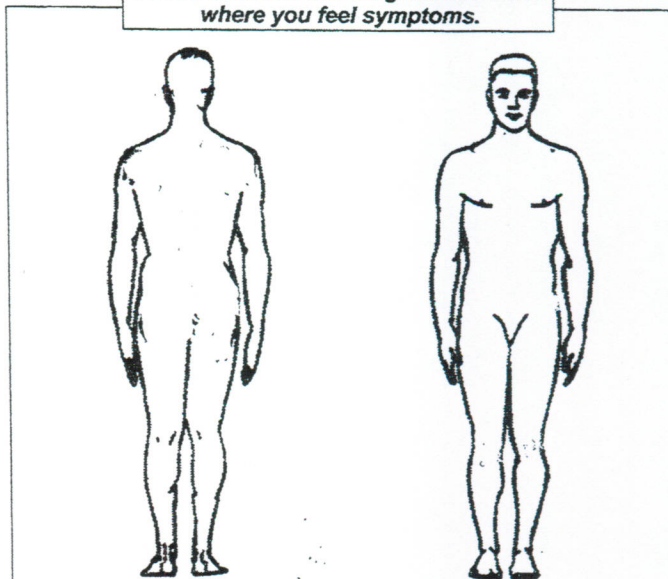
CFP 14-0508

- What was the date of the accident/injury? _____
- Where were you in the vehicle? Driver's seat Front Passenger Rear Passenger
- Where was the impact to the vehicle? Rear Front Passenger Driver (check all that apply)
- Did you strike anything in the vehicle? Yes No
- If yes, which body part was struck? Head Shoulder Knee Arm Leg Chest Other _____
- What did your body part strike in the vehicle? Windshield Dashboard Center Console Door Other _____
- Did you go to the Hospital? Yes No If Yes, which hospital? _____
- Did they take x-rays? Yes No
- Did they prescribe any medication? Yes No If Yes, which medication(s)? _____
- Have you seen any other doctors for this injury? Yes No If Yes, which doctor(s)? _____

Please check the box(es) that describe your current condition:

- Headache
- Lower back pain
- Hip pain
- Neck pain
- Chest pain
- Leg pain
- Mid back pain
- Numbness/Tingling
- Knee Pain
- Shoulder Pain
- Arm pain
- Foot/ankle pain
- Between shoulder blades
- Wrist/hand pain
- Other _____

Please mark on this diagram the areas where you feel symptoms.



- What makes the pain worse? Bending Lifting Getting up Laying Walking Sitting Driving Working Other _____
 - What have you been doing to decrease the pain? Tylenol Ibuprofen (Advil, Motrin) Ice Heat Rest Stretching Other medication (please list) _____
 - How would you describe the pain? (Check all that apply) Dull Achy Sharp Burning Throbbing Tingling Numb Pins and Needles Other _____
 - Does the pain travel or radiate to an extremity? Right Left Arm Leg
 - Stops at the elbow Goes to the fingers (whole arm) Only in fingers
 - Stops at the knee Goes to the toes (whole leg) Only in foot
 - Is the pain worse in the evening in the morning during the day during work Other _____
 - Have you had any previous injuries to the spine? Yes No
 - If yes, Fracture Surgery Auto Accident Other _____
 - Please describe injury _____
 - Have you missed any work as a result of your current condition? Yes No
- **FOR WOMEN ONLY** — Is it possible you are pregnant? Yes No Date of last menstrual period _____