



Great Basin Chiropractic P.C.

A Creating Wellness Center

Dr. Mark B. Resetarits • Chiropractic Physician

ACCIDENT QUESTIONNAIRE

PT ID # _____

Name _____ Date _____

Date of accident _____ Time of accident: _____ AM PM

City of accident _____ Address of accident _____

Road conditions at time of accident: WET DRY ICY OTHER _____

Did the police come to the accident scene? YES NO

Were there any traffic citations issued? YES NO To whom? _____

Did paramedics come to the scene? YES NO Were you examined? YES NO

Were you taken to a hospital? _____ If "YES", what is the name of the hospital? _____

How did you get to the hospital? _____ . What parts of your body were X-rayed at

the hospital? _____ MRI Or CT's taken & of what? _____

What treatment was provided or recommendations made (including medications and referrals):

Please list other doctors seen for this accident: _____

THE FOLLOWING QUESTIONS PERTAIN TO YOU, THE PATIENT, AND THE VEHICLE YOU WERE IN.

1. Where were you seated in the vehicle? Driver Passenger Back Seat Passenger
2. Were you aware of the impending collision prior to impact, or did the impact take you by surprise? _____
3. Did you lose consciousness/black out upon impact? YES NO, if YES how long do you estimate you were unconscious? _____
4. How far is the top of the headrest or seat back from the top of your head? (approximately.) _____ inches ABOVE or BELOW.
5. Were you wearing a seatbelt? _____; if "YES", was it a lap seatbelt? _____ or shoulder-lap seat belt? _____