



NOTE:
 This questionnaire will allow you to describe your automobile accident in detail. Please complete it carefully as the information will assist us in evaluating and documenting your condition.

PATIENT'S FULL NAME _____

A. VEHICLE YOU WERE IN

1. **Date of Accident:** _____
2. **What was YOUR location in the vehicle?**
 Driver Front Passenger Rear Left Passenger Rear Middle Passenger Rear Right Passenger
3. **Were you wearing a restraint belt?**
 Shoulder-Lap Belt Shoulder Belt Lap Belt No Restraint
4. **What was the vehicle you were in doing?**
 MARK ONLY ONE ANSWER FOR THE ABOVE QUESTION
 - A. **Vehicle stopped for...**
 Traffic Light Intersection Stop Sign Traffic Pedestrian Parked Other _____
 - B. **Vehicle slowing down for...**
 Traffic Light Intersection Stop Sign Traffic Pedestrian Turning Parking Other
 - C. **Vehicle moving...**
 Slowly Moderately Fast ___ MPH Accelerating Other _____
 - D. **Vehicle doing other...**
 Explain: _____
5. **Did the vehicle airbags deploy?**
 Yes No The vehicle did not have airbags
6. **Where was the impact on your vehicle?**
 Left Right Front Rear Side Unknown Head-on
7. **What damage did the vehicle you were in sustain?**
 Minimal Moderate Extensive Totaled Unsure Other _____
8. **Was your vehicle towed from the scene?** Yes No

B. AT THE MOMENT OF IMPACT

1. **Were you prepared for the accident?**
 Accident a complete surprise Aware of impending collision Braced for impact
2. **Where were you looking at the time of accident?**
 Straight Ahead Left Right Over Left Shoulder Over Right Shoulder Down Unknown
3. **What part of your body , if any, struck the interior of the vehicle?**
 Head Chest Knee Leg Arm Shoulder Foot Other _____
4. **Did you lose consciousness?** Yes No

C. IF OTHER VEHICLES INVOLVED IN ACCIDENT

1. **What was the other vehicle doing?**
 MARK ONLY ONE ANSWER FOR THE ABOVE QUESTION
 - A. **Vehicle stopped for...**
 Traffic Light Intersection Stop Sign Traffic Pedestrian Parked Other _____
 - B. **Vehicle slowing down for...**
 Traffic Light Intersection Stop Sign Traffic Pedestrian Turning Parking Other
 - C. **Vehicle moving...**
 Slowly Moderately Fast ___ MPH Accelerating Other _____
 - D. **Vehicle doing other...**
 Explain: _____
2. **What damage did the other vehicle sustain?**
 Minimal Moderate Extensive Totaled Unsure Other _____
3. **Where was the impact on the other vehicle?**
 Left Right Front Rear Side Unknown Head-on
4. **Was there a third vehicle involved?** Yes No

CONFIDENTIAL
AUTOMOBILE ACCIDENT QUESTIONNAIRE

Patient or Guardian Signature: _____

Date: _____



PATIENT'S FULL NAME _____

D. POST ACCIDENT

- Initial Reaction**
Shaken Upset Nervous Confused Frightened Dazed Distressed Dizzy Lightheaded Weak Other _____
- Did the Police arrive at the accident site?** Yes No **Was a Police report filed?** Yes No
- Were the EMS at the scene?** Yes No **Did you go to the hospital?** Yes No
If yes, how were you transported? Ambulance Driven by _____
If no, where did you go after the accident? Continued with activities Drove home Arranged a ride Other _____
- Where, if any, was your pain at the time of the accident?** Neck Mid-Back Low-Back Hips Arms
Legs Other _____ **How would you describe the pain?** _____
- Have you receive any treatment since the accident?** Yes No **If yes, what treatment?** _____

**At the time of the accident:
Pain Scale Severity**

Neck	0	1	2	3	4	5	6	7	8	9	10
Mid-Back	0	1	2	3	4	5	6	7	8	9	10
Low-Back	0	1	2	3	4	5	6	7	8	9	10
Hips	0	1	2	3	4	5	6	7	8	9	10
Arms	0	1	2	3	4	5	6	7	8	9	10
Legs	0	1	2	3	4	5	6	7	8	9	10
Other	0	1	2	3	4	5	6	7	8	9	10
Other	0	1	2	3	4	5	6	7	8	9	10

**Present Complaints:
Pain Scale Severity**

Neck	0	1	2	3	4	5	6	7	8	9	10
Mid-Back	0	1	2	3	4	5	6	7	8	9	10
Low-Back	0	1	2	3	4	5	6	7	8	9	10
Hips	0	1	2	3	4	5	6	7	8	9	10
Arms	0	1	2	3	4	5	6	7	8	9	10
Legs	0	1	2	3	4	5	6	7	8	9	10
Other	0	1	2	3	4	5	6	7	8	9	10
Other	0	1	2	3	4	5	6	7	8	9	10

E. AUTO INSURANCE (responsible for bill)

- Name of Insurance Co.** - _____
- Claim #** - _____
- Name of contact from Ins. Co.** - _____
- Phone and fax of contact** - _____
- Signed Authorization release from Ins Co.** (If pt. does not have this, please have them sign medical auth. release from clinic..)

Patient or Guardian Signature: _____

Date: _____

DOCTOR'S LIEN

To: _____

McCandless Chiropractic, LLC
Bel-Ray Wellness Center
Dr. Jonah McCandless
8446 Clint Drive
Belton, MO 64012
816-322-4774

Patient Name: _____

RE: Medical Reports and Doctor's Lien

I do hereby authorize the above doctor to furnish you, my attorney/ insurance carrier, with a full report of his case history, examination, diagnosis, treatment, and prognosis of myself in regard to my accident in which I was involved.

I hereby give a lien to said doctor on any settlement, claim, judgment, or verdict as a result of said accident, and authorize and direct you, my attorney/ insurance carrier, to pay directly to said such sums as may be due and owing him for services rendered to me, and to withhold such sums from such I do hereby authorize the above doctor to furnish you, my attorney/ insurance carrier, with a full report of his settlement, claim, judgment, or verdict as may be necessary to protect said doctor adequately.

I fully understand that I am directly and fully responsible to said doctor for all chiropractic bills submitted by him for services rendered to me, and that this agreement is made solely for said doctor's additional protection and in consideration of his awaiting payment. I further understand that such payment is not contingent on any settlement, claim, judgment, or verdict by which I may recover said fees.

Dated: _____ Patient/Guardian Signature: _____

The undersigned does hereby agree to observe all the terms of the above and agrees to withhold such sums from any settlement, judgment, or verdict as may be necessary to adequately protect said doctor above named.

This lien does not constitute a request or agreement between the parties for the attorney or law firm to act as a collection agency for the above named doctor/doctor's office

Dated: _____ Authorized Signature: _____

NOTICE: Please date, sign, and copy this form.