

## PERSONAL INJURY PATIENT HISTORY

WRITE LEGIBLY

N	ame
3	HISTORY OF OCCURENCE
1	Date of Accident: Time:
	Driver of car What seat were you sitting in?
	Who owns the car? Year and model of car:
	What was the approximate damage done to the car you were in? \$
20	Visibility at time of accident
	Road conditions at time of accident:
	Your car: 🗀 Hit another car 🔲 Was hit in the: 🗀 Right 🗀 Left 🗀 Rear 🗀 Front 🗀 Side.
	Type of accident: Head-on collision Broad side-collision
	☐ Flear-end collision ☐ Front impact, rear-ended car in front
	Non-cotlision:
40 IMPACT/SEAT BELT/HEADREST/SPEED	
10	Describe in your own words what happened to you upon impact:
	Dic you see the accident coming?
	Were you prewarmed that the accident was about to happen?   Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Od you brace for the impact?  Yes  No
	Were seat botts worm? Yes No
	Were shoulder harnesses wom?
20	Does your car have headrests?  No
30	If yes, what was the position of those headrests compared to your head before the accident?
	☐ Top of headrest even with bottom of head ☐ Top of headrest even with top of head ☐ Top of headrest even with middle of neck
40	Was your car braking? ☐ Yes ☐ No
50	Was your par moving at the time of accident?
	If yes, how fast would you estimate you were going? MPH (estimate)
	How fast was the other car travelling? MPH (estimate)
50 10	HEAD/BODY POSITION/ABLE TO MOVE BODY  Head/Body position at time of Impact:  Head turned:  Right:  Left:  Head looking back:  Head straight forward
	☐ Body straight in sitting position ☐ Body rotated: ☐ Right ☐ Left
20	At the time of accident, recall what parts of your head or body hit what parts on the inside of your car:
30	As a result of the accident you were.   Rendered unconscious   Dazed, circumstances vague   Shaken up but could function
	Could you move all parts of your body?
	If no, what body parts could you not move and why?
60	Were you able to get out of the car and walk unaided?   Yes
70	fino, why couldn't you get out of the car and walk unaided?