

Dwyer Chiropractic Center
1013 Bridge Street Suite D
Clarkston, WA 99403

Patient Information and Injury History Form

Patient Information

Date: _____

Patient's Name : _____
Social Security Number : _____ DOB: _____

Insurance Information

Personal

Insurance Company : _____
Claim Number : _____
Address : _____

Adjuster Name : _____
Phone Number: _____

Other Party

Insurance Company: _____
Claim Number: _____
Address: _____

Adjuster Name: _____
Phone Number: _____

Work Comp Information

Work Comp Company: _____
Claim Number : _____
Adjuster Name : _____
Adjuster Phone : _____

Attorney Information

Attorney Name: _____
Company if Different: _____
Address: _____

Attorney Phone: _____

Date of Accident: _____ Time of Accident: _____

Date of First Treatment: _____ What type of Injury: Auto Accident

What state did injury happen: _____ (Please Circle) Work Comp Injury

Other Injury

History of Injury

In your own words, please briefly describe the accident and how you were injured:

Previous Condition and Treatment

In your own words, please briefly list any previous medical conditions and treatment:

Auto accident information

* **What was your position in the vehicle?**

Driver Front Passenger Rear Passenger Pedestrian (not in the car)

* **What type of vehicle were you in?**

Compact Car Mid Size Car Full Size Car Compact Truck
 Full Truck Mini Van Full Size Van Small Sport Utility
 Lg. Sport Util. Motorcycle Motorhome ATV

* **What was your vehicle doing just prior to the accident?**

Stopped at a stop light Slowing down to a stop
 At a complete stop Increasing speed
 Merging into traffic Changing lanes

Traveling at an approximate speed of: _____

* **Who hit who?**

You were struck by other car You struck other vehicle
 You struck stationary object

* **What was your vehicles point of impact?**

Front Rear Right Side Left Side
 Right Front Left Front Right Rear Left Rear

* **What was the other vehicles point of impact?**

Front Rear Right Side Left Side
 Right Front Left Front Right Rear Left Rear

* **Were you wearing seat restraints?**

Full lap and shoulder restraint Lap restraint only
 Shoulder restraint only I was not wearing a restraint

