

# Automobile Accident Questionnaire Good Health Naturally, PLLC

~ Please answer all questions completely ~

DEAR PATIENT: This information is considered confidential. Please be as neat and accurate as possible. Thank you.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ PATIENT #: \_\_\_\_\_

PATIENT'S AUTO INSURANCE CO.: \_\_\_\_\_  
POLICY #: \_\_\_\_\_ CLAIM #: \_\_\_\_\_  
NAME OF YOUR INSURANCE ADJUSTER: \_\_\_\_\_  
PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

NAME OF DRIVER OF OTHER VEHICLE : \_\_\_\_\_ PHONE #: \_\_\_\_\_  
OTHER DRIVER INSURANCE CO.: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
INSURANCE ADJUSTER: \_\_\_\_\_  
POLICY #: \_\_\_\_\_ CLAIM #: \_\_\_\_\_

Name of driver of vehicle if you were a passenger: \_\_\_\_\_  
Other drivers insurance company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Insurance adjuster: \_\_\_\_\_ Claim #: \_\_\_\_\_

HAVE YOU RETAINED AN ATTORNEY? ( ) YES ( ) NO  
ATTORNEY NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

DATE OF ACCIDENT: \_\_\_\_\_ TIME OF ACCIDENT \_\_\_\_\_ CITY & STATE \_\_\_\_\_

You were heading: North (\_\_\_) South (\_\_\_) East (\_\_\_) West (\_\_\_)  
On (street or highway) \_\_\_\_\_  
Other vehicle was heading: North (\_\_\_) South (\_\_\_) East (\_\_\_) West (\_\_\_)  
On (street or highway) \_\_\_\_\_  
Road conditions at the time of accident: Wet (\_\_\_) Dry (\_\_\_) Icy (\_\_\_) Other (\_\_\_)  
Did the police come to the accident scene? Yes (\_\_\_) No (\_\_\_)  
Were you taken to the hospital? Yes (\_\_\_) No (\_\_\_)  
If yes, what hospital? \_\_\_\_\_ How did you get to the hospital? \_\_\_\_\_  
What parts of your body were x-rayed at the hospital? \_\_\_\_\_  
What treatment was given? \_\_\_\_\_  
What was the diagnosis? \_\_\_\_\_  
Was another doctor consulted after your accident? Yes (\_\_\_) No (\_\_\_) Doctor's name: \_\_\_\_\_  
What treatment was given? \_\_\_\_\_  
What was diagnosis? \_\_\_\_\_

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

Where were you seated in the vehicle? \_\_\_\_\_  
Were you aware of the approaching collision prior to impact, or did the impact catch you by surprise? \_\_\_\_\_  
Did you lose consciousness (black out) upon impact? Yes (\_\_\_) No (\_\_\_)  
If you did lose consciousness, estimate for how long \_\_\_\_\_  
How far is the top of the headrest or seatback from the top of your head (approximately) \_\_\_\_\_ inches above / below  
Were you wearing a seatbelt? Yes (\_\_\_) No (\_\_\_)  
If "yes" was it a lap seatbelt or a shoulder-lap seatbelt? \_\_\_\_\_  
List the year, make, and model of the vehicle you were in: Year \_\_\_\_\_ make \_\_\_\_\_ model \_\_\_\_\_  
Was your car stopped at the time of impact? Yes (\_\_\_) No (\_\_\_)  
If "yes" was the driver's foot also on the brake? Yes (\_\_\_) No (\_\_\_)  
Please estimate the speed of the vehicle you were in \_\_\_\_\_ m.p.h.

