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AUTOACCIDENTQUESTIONNAIRE

- 1.Whatwasthedateoftheaccident?_____
- 2.Whattimedidtheaccidentoccur?_____
- 3.Howmanyvehicleswereinvolvedintheaccident?_____
- 4.Whatwastheestimateddamagetothevehicleyou werein?\$______
- 5.Whatstatedidtheaccidentoccurin?_____
- 6.Whatcitydidtheaccidentoccurin?_____
- 7.Whatstreetorintersectionwereyouonwhenthe accidentoccurred?_____
- 8.Whatdirectionwereyoutravelingin?_____
- 9.Whattypeofimpactwastheautoaccident?_____
- 10.Didyourvehiclehitanythingaftertheaccident?Yes–Nolfyes,please describe_____
- 11.Wherewereyousittinginthevehicleduringth eaccident?_____
- 12.Didyouknowtheaccidentwascoming?_____
- 13.Whattypeofvehiclewereyouin?_____
- 14.Whattypeofvehicleimpactedyours?_____
- 15.Atthetimeoftheimpact,howfastwasyourve hiclemoving?_____mph
- 16.Atthetimeofimpact,howfastwastheotherv ehiclemoving?_____mph
- 17.Duringandafterthecrashwhathappenedtoyou rvehicle?(Circleallthat apply)

- kept going straight
- spun around
- kept going straight hitting a car in front
- spun around and hit a stationary object
- was hit by another vehicle
- hit a stationary object
- Other _____

18. Did you lose consciousness during the accident? Yes--No

19. How was your head positioned during the accident? _____

20. How was your torso positioned during the accident? _____

21. How were your hands positioned during the accident? _____

22. Did your head hit anything during the accident? Yes--No, please describe: _____

23. Did your face hit anything during the accident? Yes--No, please describe: _____

24. Did your shoulders hit anything during the accident? Yes--No, please describe _____

25. Did your neck hit anything during the accident? Yes--No, please describe _____

26. Did your chest hit anything during the accident? Yes--No, please describe _____

27. Did your hip hit anything during the accident? Yes--No, please describe _____

28. Did your knee hit anything during the accident? Yes--No, please describe _____

29. Did your feet hit anything during the accident? Yes--No, please describe _____

30. What kind of headrest was in your vehicle?

- movable fixed headrest
- non-movable fixed headrest
- no headrest

31. Where was the headrest positioned on your head? _____

32. Did you have your seat belt on during the accident? Yes—No

33. Did you slide out of your seat belt during the accident? Yes—No

34. What was damaged in your vehicle? (Circle all that apply)

- windshield-rear bumper-mirror
- steering wheel-front bumper-knee bolster
- dashboard-trunk-back right door
- seat frame-front left door-completely totaled
- side window-front right door
- rear window-back left door

35. Choose the item that dented inward

- floor boards-side door-dashboard

36. Choose the door that would not open as a result of the accident

- front left-front right
- rear left-rear right

37. Did you go to the hospital? If no, why and don't answer 38-43

38. How did you get to the hospital? _____

39. What was the name of the hospital? _____

40. Were you hospitalized overnight? _____

41. Circle what you were prescribed at the hospital

- pain medication-muscle relaxants-neck brace—Other: _____
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42. Did you receive any stitches for any cuts at the hospital? Yes—No

43. Were x-rays taken at the hospital? Yes—No If yes, which areas were taken?
