

Atlas Wellness Center
Personal Injury History Form

Today's Date: _____

Date of Accident: _____

Make and Model of Patient's Car: _____

Make and Model of Other Person's Car: _____

Short description of how the accident happened (eg. "I was stopped at a red light and got rear-ended" or "I was driving through an intersection when another car hit me on my front passenger side")

Was police called? Yes/ No (circle one)

Was your car towed? Yes / No (circle one)

Was anyone taken away by ambulance? Yes / No (If yes, where to?) _____

Since the accident, have you seen any other doctors? If so, who and when? _____

What are your major complaints? (body part and 0-10 pain scale) _____

Neck: _____ Headache _____

Mid/Upper Back _____ Shoulders _____

Low Back _____ Hips _____

Shoulders _____

Hips _____

Other _____