

## Accident/Injury Report

Patient \_\_\_\_\_ Date \_\_\_\_\_

An **accident or trauma** of any kind can cause you to have **subluxations** which can affect your physical and emotional health. **Every accident victim needs a checkup by a doctor of chiropractic.**

Please indicate the type of accident you were involved in:

work       sports       auto       personal injury       other \_\_\_\_\_

Date of accident \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_

**Please explain how you were injured.** Be as detailed as possible. If it was an auto accident, please mention the speed of the vehicles, where your car was hit, the damage that was done, the weather conditions and your state of mind/health at the time of the accident. Let us know if you need more paper:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please illustrate the accident with all involved vehicles (if applicable) below.



I was \_\_\_\_\_ driving a passenger in a \_\_\_\_\_ on a \_\_\_\_\_  
(type of vehicle)

\_\_\_\_\_. The other vehicle was a \_\_\_\_\_  
(i.e., street or highway) (type of vehicle)

I was  in front, left       in front, right       in back, left       in back, right  
 turned to the left       turned to the right       facing front       facing back  
 wearing a seat belt       air bag deployed       struck steering wheel       struck headrest  
 struck windshield       other \_\_\_\_\_

Were other people in the car?  no       yes

If yes, were they hurt?  no       yes

Where were you taken after the accident and who cared for you?:

\_\_\_\_\_

Were X-rays, MRI or other tests done?  no  yes

If yes, please list:

\_\_\_\_\_

What treatment was given? \_\_\_\_\_

Are you receiving care from other health professionals?  no  yes

If yes, please give name(s), specialty and contact information:

\_\_\_\_\_

### Injuries From The Accident

As a result of your accident, did you have any of the following (please check  all that apply)

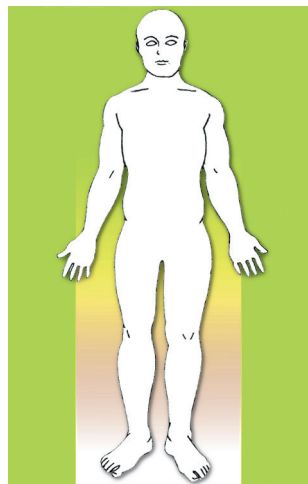
- broken bones
- dislocations
- head injuries
- surgery
- concussion

If yes to any of the above, please describe:

\_\_\_\_\_

Were you knocked unconscious?  no  yes If yes, for how long? \_\_\_\_\_

Please use the illustrations below to show where you are experiencing symptoms.

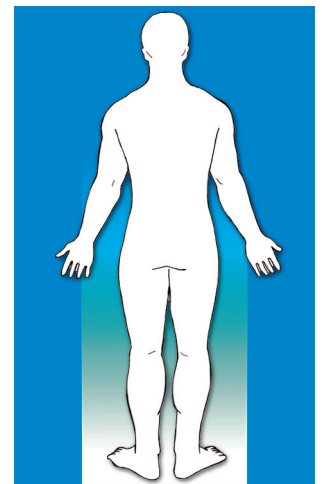


Front:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Back:

\_\_\_\_\_  
\_\_\_\_\_



As a result of this accident, do you have any of the following (please check  all that apply)

- |                                      |                                      |  |
|--------------------------------------|--------------------------------------|--|
| <input type="radio"/> dizziness      | <input type="radio"/> stiff neck     | <input type="radio"/> buzzing/ringing in ear |
| <input type="radio"/> memory loss    | <input type="radio"/> nausea         | <input type="radio"/> disturbed sleep        |
| <input type="radio"/> tension        | <input type="radio"/> numb feet/toes | <input type="radio"/> arm/shoulder pain      |
| <input type="radio"/> upset stomach  | <input type="radio"/> blurred vision | <input type="radio"/> numb hands/fingers     |
| <input type="radio"/> back stiffness | <input type="radio"/> neck pain      | <input type="radio"/> shortness of breath    |
| <input type="radio"/> headache       | <input type="radio"/> jaw problems   | <input type="radio"/> forgetfulness          |
| <input type="radio"/> irritability   | <input type="radio"/> back pain      | <input type="radio"/> fatigue                |
| <input type="radio"/> chest pain     | <input type="radio"/> leg pain       | <input type="radio"/> other _____            |

Is there anything else you would like us to know?:

## Statement of Non-pregnancy & X-ray Consent

Patient \_\_\_\_\_

X-rays are one way of looking inside a person's body. Chiropractors use X-ray analysis as one of the tools that help tell if your body is properly balanced and if your vertebrae and other skeletal structures are in proper alignment. This helps us determine your structural integrity.

Long-standing nerve stress (subluxations) may cause a condition of inflammation of the bone and related structures and premature aging called spinal degeneration. An X-ray can tell us if you have this condition.

X-rays are a form of electromagnetic radiation and may have adverse effects on body tissue, especially rapidly dividing cells. For that reason it is best to avoid X-rays when pregnant. Please sign below so we may be able to proceed.

I, \_\_\_\_\_, in signing this form, state to the best of my knowledge, there is no pregnancy, confirmed or suspected at this time.

Patient's signature \_\_\_\_\_ Date \_\_\_\_\_

Doctor's signature \_\_\_\_\_ Date \_\_\_\_\_

## Terms of Acceptance

Patient \_\_\_\_\_

**When we accept you as a patient into our practice, it is important that you understand the objectives of our care.**

**Chiropractors** provide a **unique service** that other healthcare providers do not offer: the location and correction of subluxations (structural and nervous system stress) in your body.

A **subluxation** is a misalignment or distortion of your spinal column or related structures that can affect your brain, nervous system and overall body function. **Subluxations can cause dis-ease** or loss of proper body function.

**Chiropractors** spend years studying how to locate and correct this destructive condition, first by analyzing your structural system (especially your spine) using various methods. Secondly, we **correct or adjust your subluxations** by using specialized techniques (adjustments). When your structural system, spine and nervous system are free from the deep stress of subluxations **you function more efficiently** and your natural healing ability, **your inner healer**, will better communicate through your body.

**We do not medically diagnose or treat** any disease, symptom or condition. No matter what condition(s) you may have been diagnosed with and no matter what symptom(s) your body is expressing, **you always need a body free from subluxations.**

If, during the course of our chiropractic examination, we encounter unusual findings, **we will let you know.** You may then decide whether you wish to investigate further and discuss your healthcare options with other healthcare professionals. **We will cooperate with you and with them in your goals.**

**To summarize:** the purpose of chiropractic care is not to treat diseases or conditions, nor to suppress symptoms, nor to perform surgery, but rather to make your body function better by **removing structural nerve stress (subluxations).** Therefore we do not prescribe surgery or medications. If you wish to decrease or stop medications you should discuss that with your MD.

Our objective is to **eliminate a major interference to the expression of your physical/emotional health and healing**—subluxations—so that your natural healing ability and **your inner healer may function without this severe form of stress.**

I, \_\_\_\_\_, have read and fully understand the above statements.

Date \_\_\_\_\_