

Turley Chiropractic Clinic
4961 De Zavala Road
San Antonio, TX 78249

IF YOURS IS AN ACCIDENTAL INJURY PLEASE COMPLETE THE FOLLOWING QUESTIONS

Name _____ Date _____ SS# _____
 Date of Accident: _____ Hour _____ AM PM Location: _____
 How did the Accident Occur? Auto Collision On-the-job Injury Other: _____
 If not an auto collision, please describe the circumstances: _____

Did you report the injury to your foreman or employer? Yes No
 Did he/she recommend care at our office? Yes No
 If auto accident, were you... Driver Passanger Pedestrian
 If auto collision, were you struck from... Behind Right Side Left Side Front Auto was Parked
 Did your car strike the other(s) involved? Yes No Undetermined
 OR did the other car strike yours? Yes No Undetermined
 As a result of the accident, were traffic citations issued to you? Yes No
 to the driver of the other car? Yes No
 to the driver of your car? Yes No

List the extent of the injuries as you know them. _____

Did you require post-accident hospitalization? Yes No

Circle **ALL** symptoms you have noticed since accident:

- | | | | |
|-------------------|--------------------------|--------------------|---------------|
| Headache | Dizziness | Light Bothers Eyes | Diarrhea |
| Neck Pain | Head Seems Too Heavy | Loss of Memory | Feet Cold |
| Neck Stiffness | Pins and Needles in Arms | Ears Ring | Hands Cold |
| Problems Sleeping | Pins and Needles in Legs | Face Flushed | Stomach Upset |
| Back Pain | Numbness in Fingers | Buzzing in Ears | Constipation |
| Nervousness | Numbness in Toes | Loss of Balance | Cold Sweats |
| Tension | Shortness of Breath | Fainting | Fever |
| Irritability | Fatigue | Loss of Smell | Chest Pain |
| Depression | Loss of Taste | | |

Sypmtoms other than above: _____

Have you lost any days of work? Yes No

Insurance Companies involved:

My Company _____

Company of person responsible for injuries _____

Have you been contacted by an insurance adjustor or company representative regarding this claim? Yes No

If Yes, do you know the claim Number? _____

Do you have an attorney that has advised you in this case? Yes No

Attorney's Name _____

Address _____ Phone# _____