Check symptoms apparent since t	he accident:		
() headache	() loss of smell		() numbness in fingers
() neck pain / stiffness	() loss of taste		() cold hands
() mid back pain	() loss of memory		() cold feet
() low back pain	() loss of memory () fatigue		() diarrhea
() eyes sensitive	/ \		() constipation
	() shortness of breath		() chest pain
() dizziness	() irritability		() nervousness
() fainting	() depression		() cold sweats
() fainting	() gleaning problems		
() ringing / buzzing ears	s () sleeping problems () numbness in toes		() other
() loss of balance	( ) numbriess in to	UES	() other
Occupation : Have you missed time from work	Emp	oloyer:	
Have you missed time from work	? Yes / No		
If, yes			
	to	: from	to
Part time off work from	to	: from	to
Been unable to work since acciden			
Don't dimere to Work blice decises.			
Did you seek medical help immed	iately / soon after the	e accident ?	Yes / No
If yes, how did you get there? () Someone else drove me () Ambulance () Drove own car () Police			
	() Diove own ca		() I office
DOCTOR 1 / HOSPITAL / CLINI	C SEEN .		Date of first visit :
DOCTOR I / HOSPITAL / CLINI	Wass V span tales	2 Vac / N	Date of first visit.
Were you examined ? Yes / No		en ? Yes / N	0
Were you given treatment? Yes /			
What benefits did you receive from	n this treatment?	D . C1	st treatment :
		Date of las	st treatment :
DOCTOR A LOT BUG CEEN			Data of Containing
DOCTOR 2 / CLINIC SEEN : Date of first visit :			
Were you examined Yes / No		en? Yes/N	0
Were you given treatment? Yes /			
What benefits did you receive from	n this treatment?		
		Date of las	st treatment :
DOCTOR 3 / CLINIC SEEN :			Date of first visit :
Were you examined Yes / No	Were X-rays take	en?Yes/N	0
Were you given treatment? Yes /	No		
What benefits did you receive from	n this treatment?		
		Date of las	st treatment :
Did you have any physical compla	ints JUST BEFORE	E THE ACC	CIDENT ? Yes / No
70 1 1 11 1 1 1 1			
PRIOR to this accident have you	EVER had symptom	s similar to	what you're experiencing now ? Yes /
No	- Japan		Janes dispersional non 1 2007
Tfree mlanes and laim.			
The section of the se	de past falls, injurie	e accidente	onerations etc.)
(briefly inclu	de past faits, injurie	s, accidents	, operations, etc.)