Check symptoms apparent since the 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	( ) fatigue	( ) diarrhea
( ) eyes sensitive	( ) tension	( ) constipation
( ) pain behind eyes	( ) shortness of breath	( ) chest pain
( ) dizziness	( ) irritability	( ) nervousness
( ) fainting	( ) depression	( ) cold sweats
( ) ringing / buzzing ears	( ) sleeping problems	( ) anxious
( ) loss of balance	( ) numbness in toes	( ) other

Occupation : _____ Employer : _____
Have you missed time from work ? Yes / No
If , yes
Full time off work from _____ to _____ : from _____ to _____
Part time off work from _____ to _____ : from _____ to _____
Been unable to work since accident : _____

Did you seek medical help immediately / soon after the accident ? Yes / No
If yes, how did you get there ? ( ) Someone else drove me ( ) Ambulance
( ) Drove own car ( ) Police

DOCTOR 1 / HOSPITAL / CLINIC SEEN : _____ Date of first visit : _____
Were you examined ? Yes / No Were X-rays taken ? Yes / No
Were you given treatment ? Yes / No
What benefits did you receive from this treatment ? _____
_____ Date of last treatment : _____

DOCTOR 2 / CLINIC SEEN : _____ Date of first visit : _____
Were you examined Yes / No Were X-rays taken ? Yes / No
Were you given treatment ? Yes / No
What benefits did you receive from this treatment ? _____
_____ Date of last treatment : _____

DOCTOR 3 / CLINIC SEEN : _____ Date of first visit : _____
Were you examined Yes / No Were X-rays taken ? Yes / No
Were you given treatment ? Yes / No
What benefits did you receive from this treatment ? _____
_____ Date of last treatment : _____

Did you have any physical complaints **JUST** BEFORE THE ACCIDENT ? Yes / No
If yes, please describe in detail : _____
PRIOR to this accident, have you EVER had symptoms similar to what you're experiencing now ? Yes / No
If yes, please explain : _____
(briefly include past falls, injuries, accidents, operations, etc.)