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Auto Accident

What was the date of the accident? _____

What time did the accident occur? _____

How many vehicles were involved in the accident? _____

What was the estimated damage to the vehicle you were in? _____

What state did the accident occur in? _____

What city did the accident occur in? _____

What street or intersection were you on when the accident occurred? _____

What direction were you traveling in? _____

What type of impact was the auto accident? _____

Did your vehicle hit anything after the accident? If yes, please describe: _____

Where were you sitting in the vehicle during the accident? _____

Did you know the accident was coming? _____

What type of vehicle were you in? _____

What type of vehicle impacted yours? _____

At the time of impact, how fast was your vehicle moving? _____

At the time of impact, how fast was the other vehicle moving? _____

During and after the crash, what happened to your vehicle? (circle all that apply)

- kept going straight
- kept going straight hitting a car in front
- was hit by another vehicle

- spun around
- spun around and hit a stationary object
- hit a stationary object

Did you lose consciousness during the accident? Yes No

How was your head positioned during the accident? _____

How was your torso positioned during the accident? _____

How were your hands positioned during the accident? _____

Did your head hit anything during the accident? No Yes, please describe_____

Did your face hit anything during the accident? No Yes, please describe_____

Did your shoulders hit anything during the accident? No Yes, please describe_____

Did your neck hit anything during the accident? No Yes, please describe_____

Did your chest hit anything during the accident? No Yes, please describe_____

Did your hips hit anything during the accident? No Yes, please describe_____

Did your knees hit anything during the accident? No Yes, please describe_____

Did your feet hit anything during the accident? No Yes, please describe_____

What kind of headrest was in your vehicle?

- movable fixed headrest
- unmovable fixed headrest
- no headrest

Where was the headrest positioned on your head?_____

Did you have your seatbelt on during the accident?_____

Did you slide out of your seatbelt during the accident?_____

What was damaged in your vehicle? (circle all that apply)

- windshield
- steering wheel
- dashboard
- seat frame
- side window
- rear window
- rear bumper
- front bumper
- trunk
- front left door
- front right door
- back left door
- mirror
- knee bolster
- back right door
- completely totaled

Choose the items that dented inward:

- floorboards
- side door
- dashboard

Choose the doors that would not open because of the accident:

- front left
- rear left
- front right
- rear right

Did you go to the hospital? If not, why? (do not answer questions 38-43)_____

How did get to the hospital?_____

What was the name of the hospital?_____

Were you hospitalized overnight?_____

Circle what you were prescribed at the hospital:

- pain medication
- muscle relaxers
- neck brace

Did you receive any stitches for any cuts at the hospital?_____

Were x-rays taken at the hospital? Yes No

If yes, which area was taken?_____

Patient Signature

Date