

**KARE CHIROPRACTIC**

***AUTO ACCIDENT QUESTIONNAIRE***

Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Accident \_\_\_\_\_

Brief description of Accident (i.e., rear-ended, head on, side impact, etc.) \_\_\_\_\_

\_\_\_\_\_

Describe any secondary collisions (i.e., pushed into vehicle in front of you) \_\_\_\_\_

\_\_\_\_\_

Do you recall striking anything inside the vehicle? (i.e., knees on dashboard, head on windshield)

NO YES \_\_\_\_\_

What type of vehicle were you in? \_\_\_\_\_ Estimated Speed \_\_\_\_\_

What type of vehicle was the other driver in? \_\_\_\_\_ Estimated Speed \_\_\_\_\_

Describe damage to your vehicle Light Moderate Heavy Damage Estimate \_\_\_\_\_

After the accident was your vehicle Drivable Not drivable

Were you Driver Passenger - Sitting: \_\_\_\_\_

At the time of the accident: Visibility was Good Poor

Time of Day Daylight Night

Road conditions Dry Wet Snow/Ice At

the time of impact:

Were you looking Toward Left Straight Ahead Toward Right Up Down

Was your foot on the brake? Yes No

Were you Braced for Impact Unaware of Impending collision

Were you wearing a seatbelt? Yes No Did your airbag deploy? Yes No

Was your headrest Adjusted properly Not Adjusted Don't Recall

Stop Here. Lower section for doctor's evaluation

\_\_\_\_\_

MIC1 Subjective symptoms	10pts.
MIC2 Symptoms, Loss of ROM	50pts.
MIC3 Symptoms, ROM & Neuro	90pts

10-30	Excellent
35-70	Good
75-100	Poor
100-125	Guarded
130-165	Unstable

Modifiers

Canal Size	10-12 mm	20
Canal Size	13-15 mm	15
Kyphotic Cervical Curve		15
Straightened Cervical Curve		10
Blocked/ Fused Segments		15
Loss of Consciousness		15
Pre-existing DJD		10

Complicating Health/Lifestyle Factors:

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Hyper/Hypo Mobility on Flex./Ext.