

PATIENT INJURY/MEDICAL HISTORY FORM

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

Date of Loss/Onset (Accident): \_\_\_\_\_ Claim Number: \_\_\_\_\_

Describe Accident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specifics of Accident (Mark each that applies to the accident):

Work Related Injury ( ) Yes ( ) No

You were the  Driver  Passenger  
Sitting in the  Front seat  Back seat

Did you brace for the impact?  Braced  Not braced

Did your head  Strike an object  Not strike an object

Did you experience any of the following

Flash of Light Seen Upon Impact  
 Shock

Did the airbag deploy?  Yes  No

**Immediately following the accident:**

Ambulance – Paramedics Called  
 Treated at Scene  
 Transported to Hospital by Ambulance  
 Went to Hospital on his/her Own  
 Diagnostics Performed at Hospital  
 Medication Prescribed  
 Treatment at Hospital  
 Follow-up Recommended

**Time lost from work:**

- NO time loss from work due to injury. I am currently working with NO limitations.
- NO time loss form work due to injury BUT I do have limitations\*.
- I have experienced time loss from work due to injury. Indicate amount of time lost: \_\_\_\_\_
- Does not apply.

**\*Describe Limitations:**

\_\_\_\_\_  
\_\_\_\_\_

**Mechanism of Injury**

Were you surprised by the impact?  Yes  No

In relation to the back of your head, was your headrest set:  Low  Middle  High  None

Where was your head facing at the time of impact?  Left  Forward  Right  Unknown

Were you leaning forward at the time of impact?  Yes  No

Were you wearing a seatbelt/harness?  Yes  No

Were you rendered unconscious as a result of the accident?  Yes  No

Did you feel pain immediately after the accident?  Yes  No

Year and type of vehicle were you in? \_\_\_\_\_

Size of your vehicle?  Small  Mid  Large  Unknown

Year and type of other vehicle involved in the accident? \_\_\_\_\_

Size of other vehicle?  Small  Mid  Large  Unknown

What was the approximate speed of your vehicle when the accident occurred? \_\_\_\_\_

What was the approximate speed of the other vehicle when the accident occurred? \_\_\_\_\_