

MERULLI ACUPUNCTURE & WELLNESS

Desiree Merulli, L.Ac., EAMP, LMP, RYT  
Olive Way # 1658, Seattle, WA 98101  
206-388-3349

**Auto Accident Information**

**Patient's Name** \_\_\_\_\_ **Date of injury** \_\_\_\_\_

Injury occurred at \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Patient's PIP Insurance** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Claim #** \_\_\_\_\_ **Adjuster** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Fax** \_\_\_\_\_ **Email** \_\_\_\_\_

**Responsible Person's Car Insurance** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Claim #** \_\_\_\_\_ **Adjuster** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Responsible person's name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Patient's Attorney** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Contact person** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Police Report #** \_\_\_\_\_

Please describe accident:

## Pain Rating

Rate the severity of your pain by circling one number on the following scales.

0 = No Pain

10 = Unbearable Pain

Neck

0  1  2  3  4  5  6  7  8  9  10

Back (upper)

0  1  2  3  4  5  6  7  8  9  10

Back (lower)

0  1  2  3  4  5  6  7  8  9  10

Headache

0  1  2  3  4  5  6  7  8  9  10

Shoulder

0  1  2  3  4  5  6  7  8  9  10

Elbow

0  1  2  3  4  5  6  7  8  9  10

Wrist

0  1  2  3  4  5  6  7  8  9  10

Knee

0  1  2  3  4  5  6  7  8  9  10

Ankle

0  1  2  3  4  5  6  7  8  9  10

Feet

0  1  2  3  4  5  6  7  8  9  10

Other

0  1  2  3  4  5  6  7  8  9  10

If other, please explain: \_\_\_\_\_

PLEASE, CIRCLE THE ONE CHOICE THAT MOST CLOSELY DESCRIBES YOUR NECK PAIN RIGHT NOW.

<p><b>Section 1 – Pain Intensity</b></p> <p>A I have no pain at the moment.          B The pain is very mild at the moment.          C The pain is moderate at the moment.          D The pain is fairly severe at the moment.          E The pain is very severe at the moment.          F The pain is the worst imaginable at the moment.</p>	<p><b>Section 6 – Concentration</b></p> <p>A I can concentrate fully when I want to with no difficulty.          B I can concentrate fully when I want to with slight difficulty.          C I have a fair degree of difficulty in concentrating when I want to.          D I have a lot of difficulty in concentrating when I want to.          E I have a great deal of difficulty in concentrating when I want to.          F I cannot concentrate at all.</p>
<p><b>Section 2 – Personal Care (Washing, Dressing, etc.)</b></p> <p>A I can look after myself normally without causing pain.          B I can look after myself normally, but it causes pain.          C It is painful to look after myself and I am slow and careful.          D I need some help, but manage most of my personal care.          E I need help every day in most aspects of self-care.          F I do not get dressed; I wash with difficulty and stay in bed.</p>	<p><b>Section 7 – Work</b></p> <p>A I can do as much work as I want to.          B I can only do my usual work, but no more.          C I can do most of my usual work, but no more.          D I cannot do my usual work.          E I can hardly do any work at all.          F I cannot do any work at all.</p>
<p><b>Section 3 – Lifting</b></p> <p>A I can lift heavy weights without extra pain.          B I can lift heavy weights, but it gives extra pain.          C Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example, on a table.          D Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.          E I cannot lift very light weights.          F I cannot lift or carry anything at all.</p>	<p><b>Section 8 – Driving</b></p> <p>A I can drive my car without any neck pain.          B I can drive my car as long as I want with slight pain in my neck.          C I can drive my car as long as I want with moderate pain in my neck.          D I can't drive my car as long as I want because of moderate pain in my neck.          E I can hardly drive at all because of severe pain in my neck.          F I cannot drive my car at all.</p>
<p><b>Section 4 – Reading</b></p> <p>A I can read as much as I want to with no pain in my neck.          B I can read as much as I want to with slight pain in my neck.          C I can read as much as I want with moderate pain in my neck.          D I can't read as much as I want because of moderate pain in my neck.          E I cannot read at all.</p>	<p><b>Section 9 – Sleeping</b></p> <p>A I have no trouble sleeping.          B My sleep is slightly disturbed. (Less than 1 hour sleepless).          C My sleep is mildly disturbed (1-2 hours sleepless).          D My sleep is moderately disturbed (2-3 hours sleepless).          E My sleep is greatly disturbed (3-5 hours sleepless).          F My sleep is completely disturbed (5-7 hours sleepless).</p>
<p><b>Section 5 – Headaches</b></p> <p>A I have no headaches at all.          B I have slight headaches which come infrequently.          C I have moderate headaches which come infrequently.          D I have moderate headaches which come frequently.          E I have severe headaches which come frequently.          F I have headaches almost all the time.</p>	<p><b>Section 10 – Recreation</b></p> <p>A I am able to engage in all of my recreation activities, with no neck pain at all.          B I am able to engage in all of my recreation activities, with some pain in my neck.          C I am able to engage in most, but not all of my usual recreation activities because of pain in my neck.          D I am able to engage in a few of my usual recreation activities because of pain in my neck.          E I can hardly do any recreation activities because of pain in my neck.          F I cannot do any recreation activities at all.</p>

PLEASE, CIRCLE THE ONE CHOICE THAT MOST CLOSELY DESCRIBES YOUR LOW BACK RIGHT NOW.

<p><b>Section 1 – Pain Intensity</b></p> <p>A The pain comes and goes and is very mild.          B The pain is mild and does not vary much.          C The pain comes and goes and is moderate.          D The pain is moderate and does not vary much.          E The pain comes and goes and is severe.          F The pain severe and does not vary much.</p>	<p><b>Section 6 – Standing</b></p> <p>A I can stand as long as I want without pain.          B I have some pain on standing but it does not increase with time.          C I cannot stand for longer than one hour without increasing pain.          D I cannot stand for longer than 1.2 hour without increasing pain.          E I cannot stand for longer than 10 minutes per hour without increasing pain.          F I avoid standing because it increases the pain immediately.</p>
<p><b>Section 2 – Personal Care</b></p> <p>A I do not have to change my way of washing or dressing in order to avoid pain.          B I do not normally change my way of washing or dressing even though it causes some pain.          C Washing and dressing increases the pain but I manage not to change my way of doing it.          D Washing and dressing increases the pain and I find it necessary to change my way of doing it.          E Because of the pain I am unable to do some washing and dressing without help.          F Because of the pain I am unable to do any washing and dressing without help</p>	<p><b>Section 7 – Sleeping</b></p> <p>A I have no pain in bed          B I get pain in bed but it does not prevent me from sleeping well.          C Because of pain my normal night's sleep is reduced by less than ¼.          D Because of pain my normal night's sleep is reduced by less than 1/2.          E Because of pain my normal night's sleep is reduced by less than ¾.          F Pain prevents me from sleeping at all.</p>
<p><b>Section 3 – Lifting</b></p> <p>A I can lift heavy weights without extra pain.          B I can lift heavy weights, but it causes extra pain.          C Pain prevents me from lifting heavy weight off the floor.          D Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, e.g., on a table.          E Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.          F I can only lift very light weights at the most.</p>	<p><b>Section 8 – Social Life</b></p> <p>A My social life is normal and gives me no pain.          B My social life is normal but increases the degree of my pain.          C Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g., dancing, etc.          D Pain has restricted my social life, and I do not go out very often.          E Pain has restricted my social life to my home.          F I have hardly any social life because of the pain.</p>
<p><b>Section 4 – Walking</b></p> <p>A I have no pain while walking.          B I have some pain while walking, but it does not increase with distance.          C I cannot walk more than one mile without increasing pain.          D I cannot walk more than ½ mile without increasing pain.          E I cannot walk more than ¼ mile without increasing pain.          F I cannot walk at all without increasing pain.</p>	<p><b>Section 9 – Traveling</b></p> <p>A I get no pain while traveling.          B I get some pain while traveling, but none of my usual forms of travel make it any worse.          C I get extra pain while traveling, but it does not compel me to seek alternative forms of travel.          D I get extra pain while traveling, which compels me to seek alternative forms of travel.          E Pain restricts all forms of travel.          F Pain prevents all forms of travel expect that done lying down.</p>
<p><b>Section 5 – Sitting</b></p> <p>A I can sit in any chair as long as I like.          B I can sit only in my favorite chair as long as I like.          C Pain prevents me from sitting more than one hour.          D Pain prevents me from sitting more than ½ hour.          E Pain prevents me from sitting more than 10 minutes.          F I avoid sitting because it increases pain straight away.</p>	<p><b>Section 10 – Changing degree of pain</b></p> <p>A My pain is rapidly getting better.          B My pain fluctuates but overall is definitely getting better          C My pain seems to be getting better but improvement is slow at present.          D My pain is neither getting better nor worse.          E My pain is gradually worsening.          F My pain is rapidly worsening.</p>