

Auto Accident Information

Patient's Name _____ Date of injury _____

Accident location _____ City/State _____ Zip _____

Patient's PIP Insurance _____ Phone _____ Claim # _____

Adjuster _____ Phone _____ Fax _____ Email _____

Address _____ City/State _____ Zip _____

Responsible Person's Car Insurance _____ Phone _____

Adjuster _____ Phone _____ Fax _____ Email _____

Address _____ City/State _____ Zip _____

Responsible person's name _____ Phone _____

Patient's Attorney _____ Phone _____

Address _____ City _____ Zip _____

Contact person _____ Fax _____

Police Report # _____

Please describe the accident:

Rate the severity of your pain by circling one number on the following scales. 0 = No Pain 10 = Unbearable Pain

Neck _____ Wrist _____ Elbow _____

Upper Back _____ Knee _____ Shoulder _____

Lower Back _____ Ankle _____ Headache _____

Feet _____ Other _____

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

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| <p>Section 1 – Pain Intensity</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>Section 6 – Concentration</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>Section 2 – Personal Care (Washing, Dressing, etc.)</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'm 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>Section 7 – Work</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>Section 3 – Lifting</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>Section 8 – Driving</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 neck pain. C I can drive my car as long as I want with moderate neck pain. D I can't drive my car as long as I want because of moderate neck pain. E I can hardly drive at all because of severe neck pain. F I cannot drive my car at all.</p> |
| <p>Section 4 – Reading</p> <p>A I can read as much as I want to with no neck pain. B I can read as much as I want to with slight neck pain. C I can read as much as I want with moderate neck pain. D I can't read as much as I want because of moderate neck pain. E I cannot read at all.</p> | <p>Section 9 – Sleeping</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>Section 5 – Headaches</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>Section 10 – Recreation</p> <p>A I'm able to engage in all of my recreation activities, with no neck pain at all. B I'm able to engage in all of my recreation activities, with some neck pain. C I'm able to engage in most, but not all of my usual recreation activities because of neck pain. D I'm able to engage in a few of my usual recreation activities because of neck pain. E I can hardly do any recreation activities because of neck pain. F I cannot do any recreation activities at all.</p> |

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

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| <p>Section 1 – Pain Intensity</p> <p>A The pain comes and goes and is very mild. B The pain is mild and doesn't vary much. C The pain comes and goes and is moderate. D The pain is moderate and doesn't vary much. E The pain comes and goes and is severe. F The pain severe and doesn't vary much.</p> | <p>Section 6 – Standing</p> <p>A I can stand as long as I want without pain. B I have some pain on standing but it doesn't 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>Section 2 – Personal Care</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'm unable to do some washing and dressing without help. F Because of the pain I'm unable to do any washing and dressing without help</p> | <p>Section 7 – Sleeping</p> <p>A I have no pain in bed B I get pain in bed but it doesn't 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>Section 3 – Lifting</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>Section 8 – Social Life</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>Section 4 – Walking</p> <p>A I have no pain while walking. B I have some pain while walking, but it doesn't 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>Section 9 – Traveling</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 doesn't 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>Section 5 – Sitting</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>Section 10 – Changing degree of pain</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. D My pain is neither getting better nor worse. E My pain is gradually worsening. F My pain is rapidly worsening.</p> |