

**Auto Accident Information**

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

**Accident location** \_\_\_\_\_ **City/State/Zip** \_\_\_\_\_

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

**Adjuster** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_ **Email** \_\_\_\_\_

**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 on the following scales. 0 = No Pain 10 = Unbearable Pain**

Neck	_____	Wrist	_____	Elbow	_____
Upper Back	_____	Knee	_____	Shoulder	_____
Lower Back	_____	Ankle	_____	Headache	_____
Feet	_____	Other	_____		

IN THE BLUE BOXES, PLEASE TYPE ONE CHOICE THAT MOST CLOSELY DESCRIBES YOUR NECK 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'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><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 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><b>Section 4 – Reading</b></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><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'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>

**IN THE BLUE BOXES, PLEASE TYPE 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 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><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 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><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'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><b>Section 7 – Sleeping</b></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><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 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><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 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><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.          D My pain is neither getting better nor worse.          E My pain is gradually worsening.          F My pain is rapidly worsening.</p>