



Heartland Chiropractic
and Wellness Center
 5521 N.W. 86th Street
 Johnston, IA 50131
 515.252.8668

AUTO INJURY INFORMATION

Name _____ Phone _____ Account # _____
 Address _____ City _____ State _____ Zip _____

AUTO ACCIDENT INFORMATION:

Accident Date _____ Time _____ Was police report made? Yes / No Date _____

Accident Location _____

Were you struck from ___ Behind ___ Right Side ___ Left side ___ Front. Were you the ___ Driver ___ Passenger

Describe the accident _____

Were you injured? Yes / No How and where? _____

Were you unconscious? Yes / No Fractures _____ Cuts _____ Abrasions _____ Bruises _____

Were you taken to a hospital? Yes / No Which one? _____

Were you hospitalized? Yes / No Name of Hospital and Dr. _____

What are your present complaints? _____

What treatments have you received to this point? _____

Was there anyone else in the accident with you? Yes / No If yes, who? _____

OTHER DOCTORS SEEN FOR THIS CONDITION:

MD / DC / DO / DDS

Doctor's name _____ Diagnosis _____

X-rays _____ Urinalysis _____

Blood Tests _____ Other _____

Treatment: Medication(s) _____ Shots _____

Traction _____ Physiotherapy _____

Results _____ Length of time under Dr.'s care _____

Other _____

Do you have any problems as a result of this injury? _____

Did you miss any time from work? Yes / No If yes, how much? _____

Have you returned to the same job? Yes / No If not, why? _____

Attorney's name _____ Phone _____

Address _____

Litigation? Yes / No / Maybe

Insurance Company _____ Claim number _____

Address _____ Adjuster _____

Adjuster's phone # _____

Patient Signature _____ Date _____