

Buckingham Chiropractic, PLLC
8430 Rea Rd Ste. C
Charlotte, NC 28277
980-262-4457

Automobile Accident Questionnaire

Accident Information

Name: _____ Date: _____

1. Date of Accident: _____ Time: a.m./p.m.

2. Driver of car: _____ Where you were seated: _____

3. Owner of car: _____ Year and Model of car: _____

4. Visibility at time of accident: poor/fair/good/other:

5. Road conditions at time of accident: icy/rainy/wet/clear/dark/other:

6. Where was your car struck? right/left/rear/front/side/other:

7. Type of accident: head-on collision broad-side collision rear-end collision front impact, rear-ended car in front
 non-collision:

8. What part of the car was damaged? _____

9. Describe what happened to you upon impact? _____

10. Did you see the accident was about to happen? Yes No

11. Did you brace for impact? Yes No

12. Were you wearing a seatbelt? Yes No

16. Was your car braking? Yes No Was the other car braking? Yes No

17. Was your car moving at the time of the accident? Yes No

If yes, how fast would you estimate you were going? _____

18. How fast would you estimate the other car was traveling? _____

19. What was the position of your head and body at the time of impact?

head turned left/right body straight in sitting position head looking back

body rotated left/right head straight forward other: _____

20. At the time of the accident, recall what parts of your head or body hit what parts of the vehicle:

21. As a result of the accident were you: rendered unconscious dazed other:

22. Could you move all parts of your body? yes no

If no, why not? _____

23. Were you able to get out of the car and walk unaided? yes no

If no, why not? _____

24. Did you have any cuts or bruises from this accident? yes no

If so, where? _____

25. Describe how you felt immediately after the accident? _____

How did you feel later that day night?

How did you feel the next day(s)? _____

26. Check symptoms apparent since the accident:

headache loss of smell numbness in fingers neck pain/stiffness

loss of taste cold hands mid-back pain loss of memory

cold feet low-back pain fatigue diarrhea

tension constipation pain behind eyes shortness of breath

chest pain dizziness irritability nervousness

fainting depression cold sweats anxious

sleeping problems loss of balance numbness in toes

ringing/buzzing in ears eyes sensitive to light other: _____

27. Have you missed time from work? yes no Work hours are: full-time part-time

If you have missed time from work, how much time have you missed? _____

28. Did you seek medical help immediately/soon after the accident? yes no If no, skip to #35

If yes, how did you get there? _____

29. Doctor/hospital/clinic seen: _____ Date: _____

30. What was done? _____

Were x-rays taken? yes no If yes, of what body part? _____

31. What treatments/prescriptions were given? bed rest brace adjustments medications

32. What benefit(s) did you receive from treatment(s)? _____

33. Date of last treatment: _____

34. Are any of your activities of daily living any different now compared to before the accident?

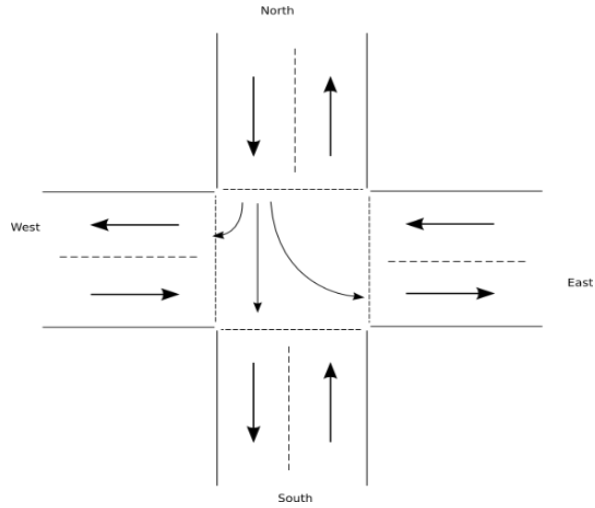
yes no

List anything you are unable to do: _____

List anything that is painful to do: _____

List anything that is difficult to do: _____

35. Indicate on the diagram below how the accident happened:



Comments: _____

36. Do you have an attorney handling this case? yes no

If yes, who? (name/address/phone number)

To any insurance company with coverage applicable to my claim(s) and to any attorney representing me:

ASSIGNMENT OF BENEFITS

IN CONSIDERATION of the willingness of Buckingham Chiropractic to treat me on credit without demand for payment at the time services are rendered, I hereby agree and stipulate as follows:

I irrevocably assign to Buckingham Chiropractic any proceeds or compensation that I am or may become entitled to receive as a result of injuries that occurred on _____ to the extent of the chiropractic services rendered. I make this agreement without prejudice to any rights I may have to prosecute legal claims against any party who may be liable for my injuries, but I hereby authorize and instruct you to pay directly to Buckingham Chiropractic, PLLC from any disability benefits, medical payments benefits, liability benefits, health and accident benefits, workers' compensation benefits, judgments, settlements, or proceeds of any kind that would otherwise be payable to me, such sums as are due or may become due to Buckingham Chiropractic, PLLC for its services rendered.

I appoint Buckingham Chiropractic, PLLC as my attorney in fact to affix my name as an endorsement upon the reverse of any check or draft upon which I am a named payee and to deposit said check or draft and apply the proceeds to any unpaid balance I may have with Buckingham Chiropractic, PLLC.

I authorize Buckingham Chiropractic, PLLC to release to any insurer with applicable coverage or to my attorney or successor attorney any information regarding my injuries, prior medical history, or treatment as may be necessary to facilitate collection of proceeds under this assignment.

I acknowledge that I remain personally liable for the total amount due to Buckingham Chiropractic for services rendered, including any balance remaining after the application of insurance payments and settlement or judgment proceeds. If Buckingham Chiropractic, PLLC is required to take legal action against me to recover any unpaid balance on my account, I agree to reimburse Buckingham Chiropractic, PLLC for its costs of recovery, including reasonable attorney's fees.

NOTICE OF LIEN

Pursuant to N.C.G.S. 44-49 and 44-50, Buckingham Chiropractic, PLLC hereby asserts and gives notice of a lien upon any sums recovered in damages for personal injury in any civil action and also upon all funds paid to the above-named patient in compensation for or settlement of injuries sustained, whether in litigation or otherwise.

Buckingham Chiropractic, PLLC hereby requests that if its claim is not paid in full from the foregoing proceeds, a full disclosure and accounting of proceeds be provided in conformity with N.C.G.S 44-50.1. Buckingham Chiropractic, PLLC agrees to be bound by any confidentiality agreements regarding the contents of the accounting.

Buckingham Chiropractic, PLLC

Patient Signature

Date

Buckingham Chiropractic, PLLC