Edelson Wellness Center

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MOTOR VEHICLE ACCIDENT QUESTIONAIRE

Date:	
4) 5) 6)	Was seat belt intact? Yes No What type of restraint: Lap belt, Shoulder, 3 point (Lap & Shoulder) Position of head at time of impact: Description of accident:
7)	Road Conditions: Dry, Wet, Other At impact what happened to you inside the car?
11) 12)	Were you aware that a collision was about to happen?YesNo Did you lose consciousness?YesNo. If yes, for how long?
	After accident were you Taken to Hospital by Hospital later Went to Dr. Office
15) 16)	Went to Dr. Office At Hospital, X-ray, Lab, Exam ,_ Other_ What treatment have you had for these injuries & from whom:
18)	Condition isBetter ,Worse,Same Past Medical History:No serious illnesses,Diabetes,High Blood Pressure,Heart Disease,Cancer, Other
	Past Surgeries
21)	Work History: Employed byFull Time, Part Time, How long, Type of work Have you missed any work due to this accident?Yes No If yes, list dates
23)	