

PATIENT PERSONAL INJURY QUESTIONNAIRE

(Please Print)

Patient's Name _____ Birthdate _____

Address _____ City _____ St _____ Zip _____

Date of Accident _____ Time of Accident _____

Where did accident occur? _____

Was this accident related to your employment? _____

Describe how accident happened in detail _____

Did weather, ice, snow or lightning play any part in the accident? _____

Describe your symptoms in detail (very important) _____

Did you have any of these symptoms prior to this accident? _____

If yes, explain _____

Have you been able to work since the injury? _____

Absent from work dates _____ Limited work dates _____

Returned to work fully (date) _____

Give name and address of all other doctors consulted for this injury _____

Give name and address of hospital used for injury _____

Date admitted to hospital _____ Discharged _____

Have you had a previous injury to presently injured area? No ___ Yes ___

Date of previous injury _____

Was any time missed from work _____

Describe how injury happened _____

Doctors consulted for previous injury _____

Were you capable of working on an equal basis with others of the same age before the present accident? _____ If No, explain _____

Have you sought the advise of an attorney regarding this accident? _____

Name and address of attorney involved in this case _____