

PATIENT ACCIDENT & INJURY QUESTIONNAIRE

Name _____

Birth

Date _____

Address _____

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Date of Accident _____ Time of

Accident _____

Where did accident occur? _____

Describe how accident happened in detail (very important) _____

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

Describe your symptoms in detail (very important)

Did you have any symptoms prior to injury? If so, what?

Have you been unable to work since the injury?

Absent from work

(dates) _____

Limited work (dates)

Return to work
fully_____

Give names and addresses for all other doctors consulted for injury:

Give name and address of hospital for
injury:_____

Admitted to hospital (date) _____ Discharged
(date)_____

Have you had previous injury to presently injured area? Yes____ No____
When_____

Time missed from
work_____

How did it happen?

Doctor_____ Doctor's
address_____

Have other diseases or accidents affected your employment? Yes___ No___ What?

_____ When? _____ Doctor _____ -

Were you capable of working on equal basis with others of same age before the
accident?

Yes____ No____

Injury covered by your personal insurance? Yes _____ No _____ Name of your
Insurance
Company _____
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Policy # _____ Local agent's
name _____

Injury covered by other insurance? Yes _____ No _____ Name of the other
insurance company

paying the
bill _____

Name and address of other party whose insurance is
paying _____
