PERSONAL INJURY QUESTIONNAIRE

Name			_ Phone (.)	
Address					
Age Birthdate	Sex	s/s# _			
Employer's Name	Employer's A	ddress			
Your Ins. Co. Policy #		Agent's	Name		
Name on Policy (If other than self)					化二氯苯酚 医抗原性
Responsible Party's Name					
Address	City		_ State	Zip	
Policy Holder's Name			_ Policy#		
ATTORNEY					
Name			_ Phone (y	
Address	City		_ State	Zip	
Were there any witnesses? () Yes () No Name(s)					
NATURE OF ACCIDENT:					
1. Date of Accident Time of Day					
2. Were you: () Driver () Passenger ()	Front Seat () Back Seat			
3. Number of people in your vehicle? Were you	ı wearing seat belt	s?			
4. What direction were you headed? () North					
on (name of street)					
5. What direction was other vehicle headed? () N	orth () East	() South	() West		
on (name of street)					
6. Were you struck from: () Behind () Front	() Left side	() Right s	side-		
7. Approximate speed of your car mph Other	car mph				
8. Were you knocked unconscious? () Yes () No If yes, for	how long?			
9. Were police notified? () Yes () No					
10. In your own words, please describe accident:			TENERAL BIRGAR CONS		
마이 하나 하나 하나 하다. 이 그 남이 아이를 생각하는 것이 되었습니다. 					
11. Did you have any physical complaints BEFORE THE A	CCIDENT? ()	Yes () No	lf yes, ple	ase describe i	n detail:
	医结束 医氯化二氯化二氯羟二甲二苯酚 医直肠管		and the second of the second		i in
	4 1 1 2 2 1 1 2 1 1 2 1 1 2 1 2 1 2 1 2				
12. Please describe how you felt:					
a. DURING the accident:					
b. IMMEDIATELY AFTER the accident:					
c. LATER THAT DAY:					
d. THE NEXT DAY:				yr e a legel	

	1 A 1	. 1									
Do you have an			factors which	n relate to th		m? () Yes	() No	If yes,	please d	escrib
Do you have a		Ilnesses whi		this case?	() Y	es () No	If ye	s, please	describe):
Have you ever t											
type(s) of accid	ents, as well	as injury(ies) received					· · · · · · · · · · · · · · · · · · ·		<u> </u>	<u> </u>
				Series				- 1			
									- <u> </u>		
Where were you	ı taken after	the accident	?								
Have you been	treated by an	other doctor	r since the ac	cident?	() Yes	(, /)	No	If yes,	please lis	st doctor	's nan
and address:		<u></u>	¬	41							
What type of tre										i espejitu	
									de la compa		
Since this iniu	av occurred										
Since this injuing CHECK SYMP					ng () Gettir	g wors	е () Same		
□. Neck Stiff□ Sleeping Pro□ Back Pain□ Nervousnes□ Tension	oblems C	☐ Dizziness ☐ Head Seems ☐ Pins & Needle ☐ Pins & Needle ☐ Numbness in	Too Heavy es in Arms es in Legs	Fatigue Depression Lights Bother Loss of Mem Ears Ring	Eyes ory	☐ Loss☐ Faint☐ Loss☐ Loss☐ Diarri	ng of Smell of Taste		☐ Hands ☐ Stoma ☐ Consti ☐ Cold S ☐ Fever ☐ ☐	pation weats	
Symptoms Oth											
Have you lost ti										e this au	actio
a. Last Day Wo									Joinpic		103110
b. Type of Emp					:	an Th			engly entropy		W _i ,
c. Present Sala					i j	·			n enganya k	gy in gr	
						1 1		a para sangi	grafikan.		
d. Are you being	3 compensat		JSCHOIII WOR	(r () 10	es () No I	r yes, p	lease sta	ite type o	t comper	rsatio
d. Are you being	dna:										······································
you are recei								Land Control			
			a result of th	is injury?	() Ye	s () No	If yes, p	lease de	scribe, in	deta
you are recei				ils injury?						S	
you are recei Do you notice a	ny activity re	strictions as							lease des	S	
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