



COVENTRY CHIROPRACTIC REHAB CENTER
DR. VINCENT J. GELEZINSKY

Date: _____

Name: _____ Date of Birth: _____

Address: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

INSURANCE INFORMATION

Insurance Company: _____

Address: _____ Phone #: _____

Adjuster Name: _____ Policy #: _____

Claim #: _____ Attorney: _____

ACCIDENT REPORT

Date of Accident: _____ Approximate Time: _____

In your own words, please describe how the accident occurred:

In your own words, please describe what happened to **YOU** during the accident:

In your own words, please describe how **YOU** felt during and after the accident:

Whose car were you in?: _____ Were you driving? Yes No

Where were you sitting in the car? _____

What direction was (patient's) car going? _____ Street Name: _____

Nearest intersection/crossroad (if any): _____

of autos involved in accident? _____ # of people involved: _____

-OVER-

FOR THE FOLLOWING QUESTIONS, ✓ ANY THAT APPLY TO YOUR ACCIDENT:

Patient's car was: Moving Stopped Turning right Turning left

Car was struck in: Rear Front Right front Right middle
 Right rear Left front Left middle Left rear

Did you see the accident coming? Yes No

Were you wearing a seatbelt? Yes No If yes, what style?: _____

Upon impact, which way was your body thrown?

Forward Backward Left Right

Upon impact, was there a "blinding" or "explosive" sensation in your head? Yes No

What area(s) of your body were hurt **IMMEDIATELY** after the accident? _____

Were you able to get out of the car and walk? Yes No

Were you able to move all parts of your body? Yes No

If no, what parts could not move and why? _____

Were you conscious at all time? Yes No

If no, how long were you unconscious? _____

Any complications? _____

Did you seek medical care immediately after the accident? Yes No

If yes, when and where? _____

Were there any changes in your condition over the next several days (after the accident) Yes No

If yes, explain: _____

Was a police report filed? Yes No

Was citation issued? Yes No If yes, to whom? _____