



1740 Weir Drive, Suite 24 Woodbury, MN 55125 (ph) 651-232-6830 (fax) 651-702-2636 www.naturalcarewoodbury.com

PERSONAL & AUTO INJURY INFORMATION

Patient Information

Name: _____ Date of Birth ____/____/____
(PLEASE PRINT NAME)

Accident Information

Accident Date ____/____/____ Was a Police or State Patrol Report Made Yes / No

Accident Location _____

Were you the: Driver / Passenger / Other Were you injured? Yes / No

Describe your injury: _____

Were you evaluated by an EMT or taken to a hospital? Yes / No List Hospital name: _____

Were you hospitalized or treated at a medical facility for injuries? Yes / No

What are your current complaints/symptoms? _____

What treatments have you received to date? _____

Was there anyone else in the accident with you? Yes / No If yes, then who? _____

Other Providers Seen For This Condition

Provider(s) Name(s) _____ Phone _____

Address _____

Did you miss any time from work? Yes / No If yes, how much? _____

Have you returned to your same job? Yes / No If not, why? _____

Are you represented by an attorney? Yes / No Attorney's Name _____

Attorney's address _____

Insurance Company _____ Claim # _____

Adjuster's Name _____ Phone # _____

Address _____ Policy # _____