10150 City Walk Drive, Suite F Woodbury, MN 55129 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 #_____________________