SPINE INSTITUTE OF CENTRAL FLORIDA
WORLD-CLASS SPINE CARE
EXCELLENCE IN MINIMALLY INVASIVE SPINE SURGERY
Comprehensive Center of Excellence in ALL Spine Care & Pain Management

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Auto Accident Injury Questionnaire

MR# _____

Name: _____ **Date of visit**: _____

Date of Accident: _____

Is litigation pending? ☐ Yes ☐ No

What Safety Devices were utilized at the Time of Impact?

- ☐ Restrained (wearing seat belt)
- ☐ Unrestrained (not wearing seat belt)
- ☐ Wearing a helmet
- ☐ Not wearing a helmet
- ☐ Airbags deployed
- ☐ Airbag did not deploy
- ☐ Vehicle had no airbags
- ☐ Other _____

I was restrained by:

☐ Lap Belt ☐ No lap belt ☐ Shoulder belt ☐ No shoulder belt

At the time of the accident I was:

- ☐ The driver
- ☐ A front seat passenger
- ☐ A rear seat passenger
- ☐ A motorcycle rider
- ☐ A bicyclist
- ☐ A pedestrian
- ☐ Other (please explain): _____

The type of collision was:

- ☐ Head-on collision
- ☐ Rear-ended
- ☐ T-boned
- ☐ Side-swiped
- ☐ Roll-over
- ☐ Other (please explain): _____

Airbags:

- ☐ Deployed
- ☐ Did not deploy
- ☐ Vehicle was not equipped with airbags

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At the time of the accident did you experience any loss of consciousness?

- ☐ Yes
- ☐ No
- ☐ No, but I was dazed and confused following the Impact

How many Vehicles were involved in the accident? _____

Just before impact my vehicle was (describe what your vehicle was doing, Ex. Heading East Bound on SR-60 and Kelly Road in Right Lane of a 3-Lane Highway; or Stopped at a Red light at SR-60 and ….):

_____

_____

Just before impact the other vehicle(s) was (describe what your vehicle was doing, Ex. On Kelly Road, turning right onto SR-60; or Heading West Bound on SR-60, but then in process of making a U-turn ….):

_____

_____

Were you aware of the impending crash? (Did you see it coming?) ☐ Yes ☐ No

Please check the part(s) of your vehicle that made contact with the other vehicle(s)

- ☐ Front Bumper
- ☐ Driver Side Front bumper
- ☐ Passenger side front bumper
- ☐ Driver side front fender
- ☐ Passenger side front fender
- ☐ Front driver's door
- ☐ Front Passenger's door
- ☐ Rear driver's side door
- ☐ Rear passenger side door
- ☐ Driver side rear fender
- ☐ Passenger side rear fender
- ☐ Driver side rear bumper
- ☐ Passenger side rear bumper
- ☐ Rear bumper
- ☐ Other _____
- ☐ Other _____

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Please check the part(s) of the other vehicle(s) that made contact with your vehicle

- ☐ Front Bumper
- ☐ Driver Side Front bumper
- ☐ Passenger side front bumper
- ☐ Driver side front fender
- ☐ Passenger side front fender
- ☐ Front driver's door
- ☐ Front Passenger's door
- ☐ Rear driver's side door
- ☐ Rear passenger side door
- ☐ Driver side rear fender
- ☐ Passenger side rear fender
- ☐ Driver side rear bumper
- ☐ Passenger side rear bumper
- ☐ Rear bumper
- ☐ Other _____
- ☐ Other _____

What were the road conditions at the time of the impact?

☐ Wet ☐ Dry ☐ Icy ☐ Foggy ☐ Dark ☐ Other _____

What was your approximate speed just before impact? _____ MPH

What was the approximate speed of the other vehicle(s) just before impact? _____ MPH

My vehicle was (TYPE OF VEHICLE – Make/Model; Example Nissan Maxima/4-Door Car; Chevy Blazer/Full-Size SUV; Include if it is a trailer, pick-up, full SUV, mid-size SUV, 18-wheeler, Van, Minivan, 4-door Car, 2-door Car, Motorcycle, Bicycle):

_____

The other vehicle was (TYPE OF VEHICLE – Make/Model; Example Nissan Maxima/4-Door Car; Chevy Blazer/Full-Size SUV; Include if it is a trailer, pick-up, full SUV, mid-size SUV, 18-wheeler, Van, Minivan, 4-door Car, 2-door Car, Motorcycle, Bicycle):

_____

Were your vehicles seats broken as a result of the crash? ☐ Yes ☐ No

After the accident was your vehicle deemed a total loss? ☐ Yes ☐ No

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Which of your body parts struck internal objects in the vehicle?

☐ Head	☐ Forehead	☐ Right side of head	☐ Left side of head
☐ Back of head	☐ Right shoulder	☐ Left shoulder	☐ Right arm
☐ Left arm	☐ Right elbow	☐ Left elbow	☐ Right forearm
☐ Left forearm	☐ Right Wrist	☐ Left Wrist	☐ Right hand
☐ Left hand Right hip	☐ Left hip	☐ Right thigh	☐ Left thigh
☐ Right knee	☐ Left knee	☐ Right leg	☐ Left Leg
☐ Right ankle	☐ Left ankle	☐ Right foot	☐ Left foot

☐ Other _____

The accident resulted in lacerations of: _____

(If None write "None" above; It is Okay to Be "None")

The accident resulted in abrasions of: _____

(If None write "None" above; It is Okay to Be "None")

The accident resulted in bruising of: _____

(If None write "None" above; It is Okay to Be "None")

After the accident there were (It is okay to have none of these below):

☐ Lacerations	☐ Fractures	☐ Dislocations	☐ Abrasions
☐ Ecchymosis	☐ Open Wounds		

Immediately following the accident I experienced pain in the following body part(s); and/or the following symptom(s):

_____

_____

_____

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In the 1 to 48 hours after the accident I experienced pain in the following body part(s); and/or the following symptom(s):

_____

_____

_____

Did you go to the hospital after the accident? ☐ Yes ☐ No

If yes, how were you transported?

☐ Ambulance ☐ Medical (airlift) flight ☐ Private Transportation

☐ Other _____

The following studies/tests were performed in the emergency room:

☐ X-rays ☐ CT-scan ☐ MRI ☐ Blood labs ☐ Urine tests

What medication(s) were you given in the emergency room?

☐ None ☐ Intravenous (I.V.) medications ☐ Oral Medications

Were you given prescription(s) or anything else at time of discharge from the Emergency Room?

☐ None ☐ Yes, List:_____

☐ Cervical Collar ☐ Other _____

Following your Emergency Room visit when did you follow up with a doctor (Example 3 weeks Later)?

_____

If you did not go to the Emergency Room when did you first seek medical attention (Example 5 Days after Accident)?

_____