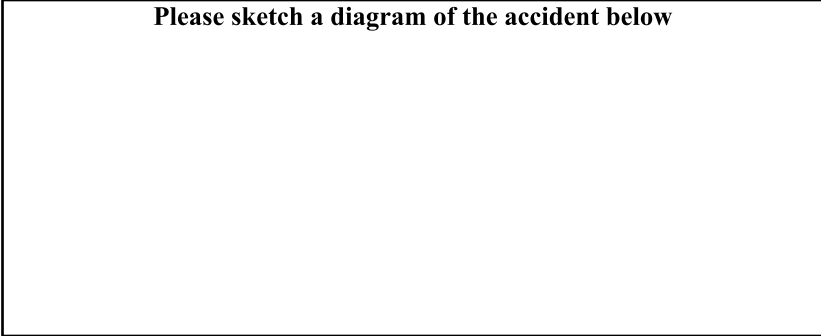
Motor Vehicle Accident Initial Intake Form

Patient Name____ Today's Date________________ Date of Birth__________________

Date of Injury: ______________Claim #_____________________________________Insurance Co.__________________________

Adjuster's Name: ____ Adjuster's Phone #: ____________________________________

Have you retained an attorney? Y N Attorney name and contact info.____



ACCIDENT DETAILS

You were: driver front passenger rear passenger
pedestrian bicyclist

Your vehicle year/make/model:_________________________

Estimated speed at time of accident:

stopped slowing accelerating

Location/street:_____________________________________

Direction of travel: N S E W

Impact came from: front rear right left other

Other vehicle year/make/model:_________________________

Approximate speed of other vehicle______________________

Time of day____________

Road conditions: dry damp wet icy snow

Body position at time of impact:

Head: Forward R L up down

Body: Forward R L up down

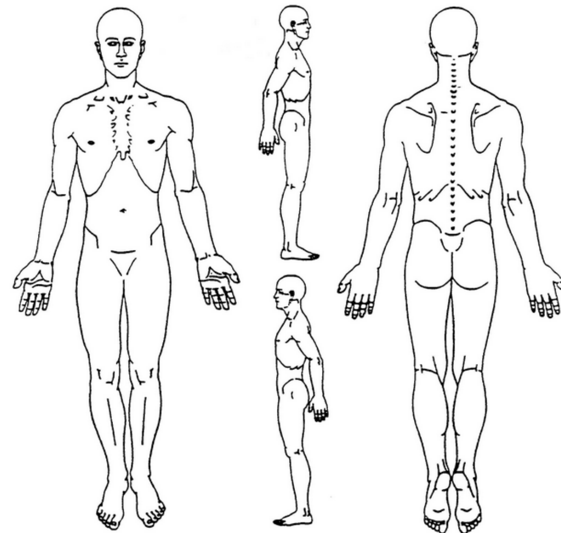
Lap belt: on off

Shoulder harness: on off

Aware of impending impact? Y N

Airbag deployed? Y N Did airbag hurt you? Y N

Please mark areas of pain, tightness or symptoms



DURING THE ACCIDENT

Did your body strike any other parts of the inside of your vehicle? Y N If yes, describe?____________________________

Did your vehicle strike any other objects after initial impact? Y N If yes, describe?_________________________________

Was your vehicle pushed in any other direction by the impact? Y N If yes, describe?______________________________

Were you wearing a hat or glasses before impact? Y N If yes, were they still on after impact? Y N

Did you strike your head? Y N If yes, on what?______________Did you lose conciousness? Y N If yes, how long?_________

Did police respond? Y N Was accident report filed? Y N Did EMS respond? Y N

Estimated property damage to your vehicle $____________Estimated damage to other vehicle: MILD MODERATE MAJOR

AFTER THE ACCIDENT

Describe how you felt immediately after the accident:____

Did you receive medical attention after the accident? Y N If yes, where were you seen?_______________________________________

How long after the accident did you seek care?____________How did you get there? EMS OTHER___________________________

Name of hospital or doctor?____

Was medication prescribed? Y N ____________________________Xrays?_______________MRI?_______________Lab?______

PLEASE DESCRIBE ANY PRIOR INJURY TO CURRENT INJURED AREA

____

CURRENT CONDITIONS-this area for office use only!!

1. Constant/Intermittent Dull/Achy/Sharp/Electrical/____________

Body Part/Area ____
Onset______________________Temporal__________________
Severity: Now__________Avg__________Worst__________
Provocative:____
Palliative:____

2. Constant/Intermittent Dull/Achy/Sharp/Electrical/____________

Body Part/Area ____
Onset______________________Temporal__________________
Severity: Now__________Avg__________Worst__________
Provocative:____
Palliative:____

3. Constant/Intermittent Dull/Achy/Sharp/Electrical/____________

Body Part/Area ____
Onset______________________Temporal__________________
Severity: Now__________Avg__________Worst__________
Provocative:____
Palliative:____

4. Constant/Intermittent Dull/Achy/Sharp/Electrical/____________

Body Part/Area ____
Onset______________________Temporal__________________
Severity: Now__________Avg__________Worst__________
Provocative:____
Palliative:____

5. Constant/Intermittent Dull/Achy/Sharp/Electrical/____________

Body Part/Area ____
Onset______________________Temporal__________________
Severity: Now__________Avg__________Worst__________
Provocative:____
Palliative:____

6. Constant/Intermittent Dull/Achy/Sharp/Electrical/____________

Body Part/Area ____
Onset______________________Temporal__________________
Severity: Now__________Avg__________Worst__________
Provocative:____
Palliative:____

Eva Hosseinion, L. Ac.

IRREVOCABLE DOCTOR'S LIEN AND ASSIGNMENT OF RIGHT TO RECOVERY

In consideration and exchange for not having to immediately pay a debt owed and in consideration for receiving future care at or by the clinic and doctors whose letterhead this document is printed (hereinafter "Clinic"), I, the undersigned, hereby assign and convey to the Clinic a legal and equitable interest in any and all causes of action or rights of recovery I may have arising out of that certain accident or injury-producing event which occurred on or about the ____ day of ______________, 2____, to the full extent of the cost and treatment provided or to be provided to me by the Clinic.

I hereby authorize and direct my attorneys(s) to hold in trust, and to pay directly to the Clinic such sums as may be due and owing the Clinic for treatment and other professional services rendered me both by reasons of this accident and by reason of any other bills that are due the Clinic and to withhold such sums from any settlement, judgment or verdict as may be necessary to adequately pay and protect the Clinic. I hereby further give, grant, and convey a lien on my case to the Clinic against any and all proceeds of any and all causes of action, settlements, judgments, or verdicts which may be paid to or through my attorney, or myself, as the result of the injuries or conditions for which I have been treated by the Clinic.

I fully understand that I am directly and fully responsible to the Clinic for all bills incurred for services rendered to me and that this agreement is made solely for the Clinic's additional protection and in consideration for the Clinic's delay in receiving payment. I further understand that payment for services rendered by the Clinic is not contingent on any settlement, judgment, or verdict by which I may eventually recover. I am personally responsible for my bills, regardless of the outcome of any legal claim or case.

I fully understand if my attorney(s) does/do not protect the Clinic's interest from any settlement received, the Clinic may require me to make payments on a current basis plus interest at 1.5% per month. The Clinic may also bring a cause of action against me and/or my attorney(s) for failing to honor this binding and irrevocable agreement.
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