

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of MVA: \_\_\_\_\_

Do you have an attorney? No \_\_\_\_\_ Yes \_\_\_\_\_

Attorney Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

What is your health insurance information? \_\_\_\_\_

Do you have med pay on your auto insurance? No \_\_\_ Yes \_\_\_ For how much? \_\_\_\_\_

Who is your auto insurance company? \_\_\_\_\_

What is your claim number and the adjustor's name and telephone number? \_\_\_\_\_

What are your auto insurance policy limits? UM \_\_\_\_\_ BI \_\_\_\_\_

Who else lives with you in your household that has car insurance and who is their car insurance company? \_\_\_\_\_

What are the policy limits of the other drivers in the collision? UM \_\_\_\_\_ BI \_\_\_\_\_

Were you a passenger? \_\_\_\_\_

How many people were in the car you were in? \_\_\_\_\_

Did you own the car you were in at the time of the collision? \_\_\_\_\_

What types of vehicles were involved in the MVA?

#1 (yours) \_\_\_\_\_ #2 (other vehicles) \_\_\_\_\_

Describe the amount and damage to the car you were in: \_\_\_\_\_

\_\_\_\_\_

Describe the amount and damage to the other vehicle(s) \_\_\_\_\_

\_\_\_\_\_

Who was at fault? Patient/driver of car patient was in \_\_\_\_\_ Other person \_\_\_\_\_

Who got the ticket? Patient/driver of car patient was in \_\_\_\_\_ Other person \_\_\_\_\_

Were you working at the time of the MVA? No \_\_\_\_\_ Yes \_\_\_\_\_ Occupation? \_\_\_\_\_

Did you miss work—how much? \_\_\_\_\_

What type of injuries do you currently have? \_\_\_\_\_

\_\_\_\_\_

Did you go to the hospital after the MVA? No \_\_\_\_\_ Yes \_\_\_\_\_

List providers and length of time you have seen each for this collision: \_\_\_\_\_

\_\_\_\_\_

Are any of these providers seeing you on a lien? No \_\_\_\_\_ Yes \_\_\_\_\_

How much do you owe? \_\_\_\_\_

Have you ever been in a previous MVA? No \_\_\_\_\_ Yes \_\_\_\_\_ Describe any injuries: \_\_\_\_\_

\_\_\_\_\_

Have you had any similar problems to what you are experiencing now? No \_\_\_ Yes \_\_\_\_\_

\_\_\_\_\_

Have you ever had any prior PI claims? No \_\_\_\_\_ Yes \_\_\_\_\_

Have you ever seen a chiropractor, PT, doctor, nurse practitioner, massage therapist or other medical provider for any pain condition? No \_\_\_\_\_ Yes \_\_\_\_\_ Describe: \_\_\_\_\_

\_\_\_\_\_

Have you ever had a work comp claim? No \_\_\_\_\_ Yes \_\_\_\_\_ For what? \_\_\_\_\_

\_\_\_\_\_

Any prior work comp injuries? \_\_\_\_\_

Any prior injuries other than MVA or WC related for which you sought treatment? \_\_\_\_\_

\_\_\_\_\_