

Norris Chiropractic Clinic
1205 Vermont St.
Quincy, Il. 62301
217-224-6900

ACCIDENT REPORT

NAME: _____ DATE: _____

Insurance Company: _____ Address: _____

Policy No: _____ Employer: _____

Date of Accident: _____ Time: _____

Where did accident occur: _____

How did accident happen: _____

Were you conscious: _____

Where were you taken after the accident: _____

What was done for you there: _____

Did you return to work: _____

If "yes" to the above, what kind of work and when: _____

How long were you off work: _____

What treatments did you receive: _____

Name of doctor: _____

What medication did you take: _____

Are you still taking medication: _____

How often and how much: _____

Are you still receiving treatments: _____

What kind and how often: _____

Have you seen any other doctors: _____

If "yes" please list names and when they were seen: _____

What were you told was wrong with you: _____

What are your present complaints: _____

Are you doing the same kind of work were doing at the time of injury: _____

If "no" state when you discontinued doing your regular work, what you are doing now and when you started: _____

Have you ever had surgery: _____

If "yes" please give dates and conditions: _____

What illnesses have you had: _____

Have you had any previous accidents: _____

If "yes" please state how you were injured, how long off work, what treatments you received and state if you have any problems as a result of the injury: _____