

INJURY ADDENDUM**CIRCUMSTANCES OF INJURY**

Date of Injury: _____

Make and Model of YOUR car: _____

How did the accident happen? (Ran red light, etc.): _____

Make and Model of OTHER car: _____

How fast were YOU moving? _____

How fast was the OTHER car moving? _____

Description of Accident: Passenger Side Driver Side Frontal Rear

How much did it cost to repair YOUR car? _____

Were you wearing a seatbelt? Yes NoWere you: Driving Passenger

Comments: _____

PREVIOUS TREATMENT FOR THIS PROBLEMHave other doctors seen you for this condition? Yes No If yes, who? _____Have you ever had this type of pain before? Yes NoHave you ever had back or neck pain before? Yes NoHave you ever had an MRI of your back or neck? Yes No If yes, at what facility? _____