

NAME: B. [REDACTED] AGE: 34 SEX: (M) F DATE: 01/10/04

D/A: 1/10/04 TIME: 10<sup>30</sup> A.M./P.M. PLACE: 5226 Avenida

Please describe how the accident happened: I was driving straight, when another car pulled on my street & my lane facing in my direction, hitting me on the front

Patient was: ☒ Driver ☐ Front seat passenger ☐ Rear seat passenger  
Vehicle was: ☐ Rearended ☐ Hit on the side ☒ Hit on the front  
☐ Other \_\_\_\_\_

Estimated damage: ☐ Slight ☐ Moderate ☐ Severe ☐ Total  
Have you received Emergency Treatment: ☒ NO ☐ YES where and when: \_\_\_\_\_

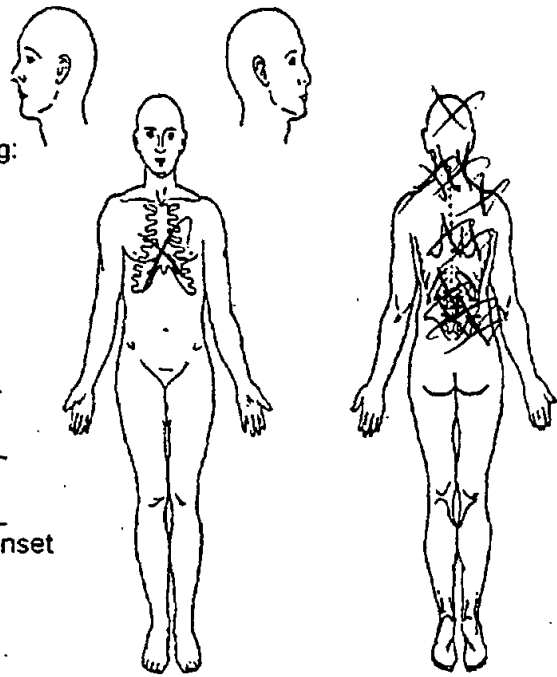
Were X-rays taken?: ☒ NO ☐ YES reported, ☐ Normal ☐ Abnormal

**CURRENT MEDICAL COMPLAINTS:**

Please indicate the appropriate location of pain and the symbol that best describes the discomfort you are presently experiencing:

sharp and stabbing: ++++++++  
dull and achey: ^^^^^^^^^  
pins and needles: 00000000  
numbness: / / / / / / / /

Please describe other medical complaints: \_\_\_\_\_  
\_\_\_\_\_



Did the pain start: ☒ Right away ☒ Next morning ☐ Gradual onset

Pain is: ☐ Staying the same ☐ Getting better  
☒ Getting worse

Does the pain wake you up at night? ☐ YES ☐ NO

My pain is worse when I:  
Cough or sneeze ☐ YES ☐ NO  
Sit ☒ YES ☐ NO  
Bend ☒ YES ☐ NO  
Walk ☒ YES ☐ NO  
Lift ☒ YES ☐ NO  
Push ☒ YES ☐ NO  
Pull ☒ YES ☐ NO  
Repeated Lifting ☒ YES ☐ NO  
Reach at shoulder level ☒ YES ☐ NO

I have neck stiffness ☒ YES ☐ NO  
I have headaches ☒ YES ☐ NO

**Pain is worse when:**

- ☒ in the morning  
☐ in the afternoon  
☐ in the evening

**Pain radiates to:**

- ☐ the right leg  
☐ the left leg  
☐ groin-thigh  
☐ buttocks  
☐ testicles or vagina  
☐ abdomen  
☐ right arm  
☐ left arm  
☒ chest

**Physical requirements of patient's job or daily routine:**

- ☐ mostly sitting  
☐ mostly standing  
☒ mostly standing, but moving around  
☐ mixture of standing, sitting  
☐ lifting Approx. number of lbs.? \_\_\_\_\_  
☐ bending forward  
☐ reaching up  
☐ stooping  
☐ general housework  
☒ walking up and down stairs

**Previous accidents:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Surgeries:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_