

CHIROPRACTIC INITIAL PHYSICAL EVALUATION

☒ NO FAULT

☐ WORKERS COMPENSATION

☐ PRIVATE

Date of Exam: 5-8-24

Date of Injury: 5-8-23

Patients Full Name: Christopher Alexis

Address: 1181 Grant Ave Bronx New York 10456

Date of Birth: 3-12-1963 Gender: ☐ M ☐ F

The above mentioned patient presented him/herself today for an examination and treatment to this office due to persistent pain. This information was obtained from the patient by his/her own description.

Place/Location of Accident: Church Ave #54

☐ MVA, in which this patient stated that he/she was ☒ Driver ☐ Pedestrian ☐ Bike Rider ☐ Front Seat Passenger

☐ Left ☐ Right back seat passenger ☐ other \_\_\_\_\_

Wearing a seatbelt ☒ Yes ☐ No

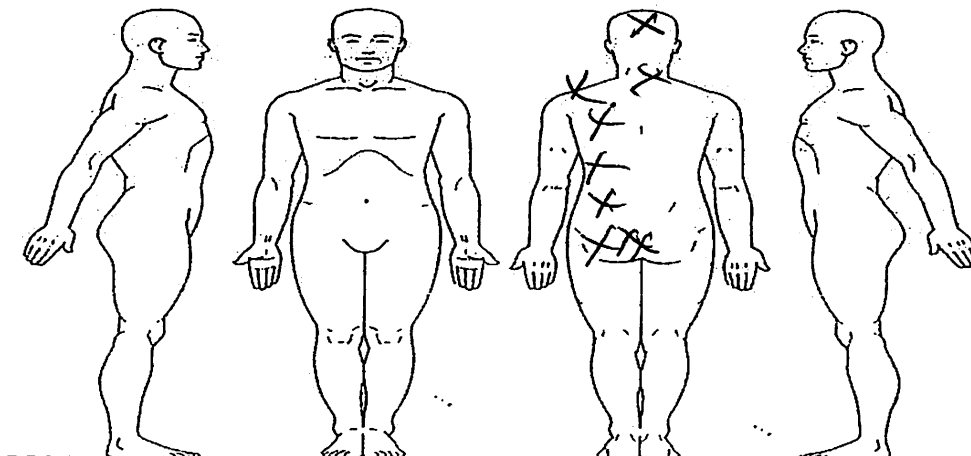
Airbags Deployed ☐ Yes ☐ No

Impact on the car: front/rear/left side/right side

Accident Description:

On Church Ave. - ~~Passenger~~  
Driver Driving 5-6 mph  
Car parked pulls out + impacts car

According to the patient he/she was in good state of health before he/she was involved in the accident and did not experience any current symptoms before the accident. Please circle the current symptoms below.



Neck  
→ L Shoulder  
L Hip → L Hip