Hudse Valley Chiropractic Health Servic P.C. 108 Kenilworth Place Brooklyn, NY 11210 CHIROPRACTIC INITIAL PHYSICAL EVALUATION

[X] NO FAULT [] WORKERS COMPENSATION [] PRIVATE
Date of Exam: $11/4/3$ Date of Injury: $10/27/23$
Patients Full Name: GERAD BALAW
Address: 522 E. 5188 ST AFTER BK 10411203
Date of Birth: $\frac{5/19/1}{}$ 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 Auch 33 Nor Shall Med 1
Place/Location of Accident: Church Ave + 39 h St Sk Kl [] MVA, in which this patient stated that he/she was [YDriver[] Pedestrian[] Bike Rider[] Front Seat Passenger
[] Left [] Right back seat passenger [] other
Wearing a seatbelt [] Yes [] No Airbags Deployed [] Yes [] No
Impact on the care front rear/left side/right side
Accident Description:
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 he current symptoms below.
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