## Valley Chiropractic Health Services P.C. 172-17 Jamaica Avenue Huds Jamaica, NY 11432

CHIROPRACTIC INITIAL PHYSICAL EVALUATION
[X] NO FAULT [] WORKERS COMPENSATION [] PRIVATE
Date of Exam: 1/3/23 Date of Injury: 5/8/23  Patients Full Name: Joneue Alent
Patients Full Name: Joneur Alent
Address: 747 & 45th St Bly acy 11203
Address: 747 & 45th 8t B/4 Acy 11203  Date of Birth: 6/19/93 Gender: [] M []R
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: Newyork & Beverly Ave Bkly.
MVA, in which this patient stated that he/she was [] Driver[] Pedestrian[] Bike Rider[] Front Seat Passenger
[] Left [] Right back seat passenger [] other <u>Penesman</u>
Wearing a seatbelt [ ] Yes [ ] No Airbags Deployed [ ] Yes [ ] No
Impact on the car: front/rear/left side/right side
Accident Description: Owssiy of Car from ad hother
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.
O O O NP

