SPRING LAKE PARK
CHIROPRACTIC

1611 County Highway 10 NE | Spring Lake Park, MN 55432 | 763-784-1540

MOTOR VEHICLE ACCIDENT HISTORY

PERSONAL INFORMATION

Patient Full Name		
Address		
City	State	Zip Code
Cell Phone	Home Phone	
Social Security Number	Date of Birth	

INSURANCE INFORMATION

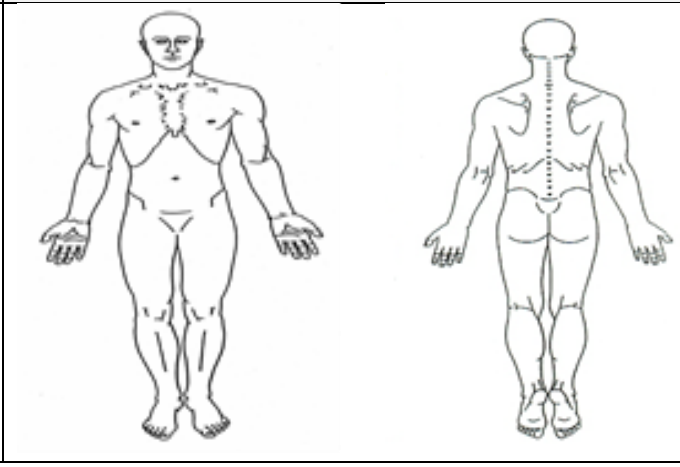
Auto Insurance Company Name		
Adjuster Name	Adjuster Telephone	
Auto Policy Number	Medical Claim Number	
Date of Accident	Time of accident	State

SYMPTOMS (Check any/all noted after accident)

- ☐ headache
- ☐ sleeping problems
- ☐ irritability
- ☐ chest pain
- ☐ diarrhea or constipation
- ☐ fever
- ☐ dizziness
- ☐ tingling arms/fingers
- ☐ tingling legs/toes
- ☐ shortness of breath
- ☐ fatigue
- ☐ cold hands or feet
- ☐ light bothers eyes
- ☐ loss of memory
- ☐ ringing in ears
- ☐ loss of taste or smell
- ☐ upset stomach
- ☐ other _____

_____

PAIN (Place a "✓" on all areas of pain/concern)



Please provide any other pertinent information you think we should know about the accident and/or injuries:

Patient Signature	Today's Date