

Atlantic Chiropractic & Rehabilitation

115 Kempsville Rd, Suite One
Chesapeake, VA 23320
757-547-HEAL (4325)

PERSONAL INJURY QUESTIONNAIRE

Name _____ Cell# _____ Home# _____

Address _____ City _____ State _____ Zip _____

Email _____ Age _____ DOB _____ Sex _____

Employer' s Name _____ Spouse' s Name _____

Your Health Ins. _____ Policy# _____

*Please bring your card so we can make copies

Was this your Vehicle? Yes / No? If not, who is the owner? _____

Driver' s Ins. Co. _____ Phone _____

Address _____ City _____ State _____ Zip _____

Claim# _____ Policy# _____ Adjuster: _____

YOUR AUTO Ins. Co. _____ Phone: _____

Address _____ City _____ State _____ Zip _____

Claim# _____ Policy# _____ Adjuster: _____

Do you have Med Pay coverage? Yes / No

Responsible Party' s Ins. (if you were not at fault)

_____ Phone _____

Address _____ City _____ State _____ Zip _____

Claim# _____ Policy# _____ Adjuster: _____

Attorney Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

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Nature of Accident:

1. Date of Accident: _____ Time of Day: _____
2. Were you: () Driver () Passenger () Front Seat () Back Seat
3. Number of People in the vehicle? _____ Were you wearing a seat belt? _____
4. What direction were you headed? () North () East () South () West
Street Name: _____ State: _____
5. What direction was the other vehicle headed? () North () East () South () West
Street Name: _____ State: _____
6. Were you struck from () Behind () Front () Left Side () Right Side
7. Approximate speed of: Your vehicle _____ mph other Vehicle _____ mph
8. Were you Knocked unconscious? Yes / No If yes, How Long? _____
9. Were police Notified? Yes / No
10. In your own words, please describe the accident:

11. Did you have any physical complaints BEFORE THE ACCIDENT? Yes / No
If yes, please describe in detail:

12. Please describe how you felt:
 - a. During the accident: _____
 - b. IMMEDIATLEY AFTER the accident: _____
 - c. Later that day: _____
 - d. The next day: _____

13. What are your PRESENT complaints and symptoms?

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