

CONFIDENTIAL PATIENT HISTORY OF TRAUMA
++ ESSENTIAL TO COMPLETE AND BRING TO INITIAL CONSULTATION

NAME: _____ D.O.B. _____

OCCUPATION: _____ PREGNANT? Yes / No _____

Car Accidents:

When was your most recent motor vehicle accident? _____

Direction of collision (Please circle) Rear / Front / Side _____ Speed of collision? _____

What injuries did you sustain? _____

Did you wear a seatbelt?(Please circle) Y/N _____ Did you lose consciousness Y/N (please circle) _____

Did a chiropractor check your spine? Y/N (Please circle) _____ Were x-rays taken? Y/N (Please circle) _____

And the accident before that one? _____

Direction of collision (Please circle) Rear / Front / Side _____ Speed of collision? _____

What injuries did you sustain? _____

Current Occupation: How long have you been doing your current job? _____

What would be the most prominent activity you perform at work? (Please circle)

Bending/Twisting/Sitting/Heavy Lifting/Walking/Other (explain) _____

Does your job involve physical movement or are you sedentary for hours on end? _____

What accidents have you had at work? _____ . How long ago? _____

What job did you perform before your current job? _____ How long ago? _____

What accidents/injuries? _____ How long ago? _____

What sports/activities did you play in the past? _____

List and date all accidents or injuries: _____

What sports/activities are you involved in currently? _____

Most recent slip or fall or trauma? _____

List all broken bones/reconstructions? _____

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Childhood Injuries:

“Research has shown that by the age of 12, children have had over **400** slips or falls”

Do you recall any significant falls/ accidents/ injuries as a child/teenager? Please explain with dates;

Do you recall any other significant falls/accidents at home or someplace else we haven't mentioned yet?

Please explain with dates; _____

Have you had any surgical procedures? Please list and date;

Please list all medications (prescription, over the counter) you are currently taking and for what reason (for what condition, names are not important): _____