



# BACKFIT HEALTH + SPINE

## 3<sup>rd</sup> Party Accident Information

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

❖ Date of Accident: \_\_\_\_\_ Time of Day: \_\_\_\_\_

❖ Location of Accident: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_

❖ In your own words, please describe the accident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

❖ Were you knocked unconscious?     No     Yes    If yes, for how long? \_\_\_\_\_

❖ What effects did the accident have upon you (physically & emotionally):  
during the accident: \_\_\_\_\_  
immediately after the accident: \_\_\_\_\_  
later that day: \_\_\_\_\_  
the next day: \_\_\_\_\_

❖ What are your present complaints and symptoms?  
\_\_\_\_\_

❖ Where were you taken after the accident? \_\_\_\_\_  
\_\_\_\_\_

❖ Have you been treated by another Doctor since the accident?     No     Yes  
If yes, who? \_\_\_\_\_

What types of treatment did you receive? \_\_\_\_\_  
\_\_\_\_\_

Were you given any medications? If yes, please list \_\_\_\_\_  
\_\_\_\_\_

❖ Have you self-treated? If yes, how? \_\_\_\_\_

❖ Why did you come to us? \_\_\_\_\_

❖ What are you expecting from us? \_\_\_\_\_

**WORK:**

- ❖ As a result of the accident, have you lost work time?  No  Yes

If yes, please complete the following:

Date last worked: \_\_\_\_\_

What specific duties do you perform at work (i.e., sitting, lifting, and walking):

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- ❖ Have you noticed any limitations when performing your job? If yes, please explain: \_\_\_\_\_

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- ❖ Are you concerned about the affect of this accident on your job? If yes, please explain: \_\_\_\_\_

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**RELATIONSHIPS:**

- ❖ Have you noticed any new or increasing stresses at home with your significant other, children, siblings, parents, co-workers? If yes, please explain: \_\_\_\_\_

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- ❖ Are you able to manage or do you need assistance? \_\_\_\_\_

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**PERSONAL LIFE:**

- ❖ Have you had any difficulties performing everyday activities? (For example; grooming, bathing, child care, reading, shopping, driving...) If yes, please explain: \_\_\_\_\_

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- ❖ Have you had any difficulty performing any duties around your home? (For example; yard work, cleaning, car care...) If yes, please explain: \_\_\_\_\_

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- ❖ Have you had any difficulties performing any recreational activities/hobbies? (For example; working out at the gym, hiking, tennis, golf, swimming, yoga...) If yes, please explain: \_\_\_\_\_

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- ❖ Have you had to hire anyone to help you with your responsibilities? \_\_\_\_\_

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- ❖ Who else has helped you and in what way? \_\_\_\_\_

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