

**ACCIDENTAL INJURY QUESTIONNAIRE  
(SLIP OR FALL)**

Today's Date: \_\_\_\_\_

Please fill out the answers to the following questions to the best of your ability. If you have difficulty with any questions or are unsure how best to answer, please discuss those questions with the doctor before answering. Thank you! Chiropractic Professional Center.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Are you: ( ) Married ( ) Single ( ) Divorced ( ) Separated ( ) Widowed ( ) Living with a significant other

Are you a parent? NO, YES, with 1 2 3 4 5 6 Children

Occupation \_\_\_\_\_ for how long \_\_\_\_\_ years \_\_\_\_\_ months

Date of accident: ( \_\_/\_\_/\_\_ ) Which state this the accident take place in? \_\_\_\_\_

**Where and how did the accident happen?** \_\_\_\_\_

\_\_\_\_\_

Did you report the injury? **YES or NO**

To whom? \_\_\_\_\_ Their title or position \_\_\_\_\_

Have you had any other accidents or injuries since this accident? **No, if Yes, please explain** \_\_\_\_\_

\_\_\_\_\_

**Please complete one or more of the following statements:**

1) Since the accident, I have been **unable** to \_\_\_\_\_

Example: Since the accident, I have been unable to go to school, make the beds, clean the house, drive the car or put on my own shoes.

Example: Since the accident, I have been unable to play basketball, help around the house or go running like I used to.

2) Since the accident, I have had **difficulty** \_\_\_\_\_

Example: Since the accident, I have had difficulty playing basketball, helping around the house or with the kids.

3) Since the accident I **have** been able to continue with most of my daily activities.

\_\_\_\_\_

I have not been able to work ( ) since the accident, or since ( \_\_/\_\_/\_\_ )

( ) I have not seen a doctor for this injury until now. This appointment is my first since the accident.

( ) I have seen a doctor \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_