



# Inner Health Chiropractic

~ Our mission is to educate and adjust as many families as possible toward optimal health through natural chiropractic care ~

## Patient Information

Date: \_\_\_\_\_ Patient No: \_\_\_\_\_

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

First MI Last (please print)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ ext \_\_\_\_\_ Cell #: \_\_\_\_\_

Sex: ☐ Female ☐ Male Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Are You: ☐ Minor ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated

Your Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Spouse's or Parent's name: \_\_\_\_\_ Workplace: \_\_\_\_\_

Work Number: \_\_\_\_\_ Other: \_\_\_\_\_

Person to contact in case of emergency: \_\_\_\_\_ Phone #: \_\_\_\_\_

Whom may we thank for referring you to us?: \_\_\_\_\_

## Insurance Information

Name of Primary Insurance Company involved: \_\_\_\_\_

Complete Name of the Insured: \_\_\_\_\_

Claims Adjustor's Name: \_\_\_\_\_ Claim #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Attorney Information

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## Health Insurance

This office will verify insurance coverage for you. This is done as a courtesy for you, so please attach Insurance Card if available, and return to chiropractic assistance with this intake request.

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120 Capcom Ave Ste 104 – Wake Forest, NC 27587 – office (919) 570-9097 – fax (919) 570-9094

# VEHICLE ACCIDENT INFORMATION

## Patient Information

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

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_ ☐ a.m. ☐ p.m.

Please describe the accident in your own words: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were you the: ☐ Driver ☐ Front Passenger ☐ Rear Passenger ☐ Pedestrian

How many people were in the accident vehicle? \_\_\_\_\_

## Accident Site

Road/Street Name: \_\_\_\_\_

City/State: \_\_\_\_\_

Nearest intersection with road/street: \_\_\_\_\_

Driving Conditions: ☐ Dry ☐ Wet ☐ Icy  
☐ Other: \_\_\_\_\_

Which direction were you headed? \_\_\_\_\_

Speed you were travelling? \_\_\_\_\_

## Vehicle

Make and model of vehicle you were in: \_\_\_\_\_

Were you wearing a seatbelt? ☐ Yes ☐ No

If yes, which type? ☐ Lap ☐ Shoulder

Did the vehicle have airbags? ☐ Yes ☐ No

If yes, did they inflate properly? ☐ Yes ☐ No

Did your seat have a headrest? ☐ Yes ☐ No

If yes, what was the position of the headrest?  
☐ Low ☐ Midposition ☐ High

## Other Vehicle

Make and model of the other vehicle: \_\_\_\_\_

Which direction was the other vehicle headed? \_\_\_\_\_

Speed other vehicle was travelling: \_\_\_\_\_

## Impact

Did your car impact another car? ☐ Yes ☐ No

Did your car impact a structure? ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

Did any part of your body strike anything in the vehicle?  
☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

Was the impact from:  
☐ Front ☐ Rear ☐ Left ☐ Right  
☐ Other \_\_\_\_\_

At the time of impact, were you:  
☐ Looking up ☐ Looking to the right  
☐ Looking to the left ☐ Looking down  
☐ Looking straight ahead

Were both hands on the steering wheel? ☐ Yes ☐ No

If no, which hand was on the wheel? ☐ Right ☐ Left

Was your foot on the brake? ☐ Yes ☐ No

If yes, which foot was on the brake? ☐ Right ☐ Left

Were you: ☐ Surprised by the impact  
☐ Braced for impact

## Police

Did the police come to the accident site? ☐ Yes ☐ No

Were there any witnesses? ☐ Yes ☐ No

Was a police report filed? ☐ Yes ☐ No

Was a traffic violation issued? ☐ Yes ☐ No

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