Motor Vehicle Collision Form

Patients Name:_____ **Date:** ____ / ____ /____

1) Please choose the date of the MVC: _____ / _____ /_____

2) Please the time of the MVC: _____:_____ am / pm

3) Please enter the number of vehicles involved in the MVC:

_____1 _____2 _____3 _____4 _____5 _____6 _____7 _____8 _____9

4) In dollars, please enter the estimated damage to your vehicle $_____

5) What road were you on? _____

6) What direction were you travelling in?

NW	N	NE	W	E	SW	S	SE

7) What city & state were you travelling in? _____

8) Please choose the primary type of impact:

vehicle was rear ended	vehicle hit another vehicle from behind	vehicle was hit on the passenger's side

9) What did the vehicle do immediately after the accident?

hit a guardrail	hit a tree	rolled over	was run off the road

Other: _____

10) Where were you sitting in this vehicle?

driver	rear left passenger	rear passenger
front passenger	rear right passenger	

Other: _____

11) Did you know the accident was coming?

was unaware of the impending collision	was aware the impending collision and she braced herself
was aware of the collision and relaxed	

Other: _____

12) What is the type of vehicle you were in?

subcompact car	compact car	mid-size car	full-sized car	truck
SUV	minivan	van	larger than one ton vehicle	

Other: _____

13) At the time of impact, your vehicle was:

slowing down	gaining speed	stopped	moving at a steady speed

Other: _____

14) At impact the other vehicle involved was:

slowing down	gaining speed	stopped	moving at a steady speed

Other: _____

15) During and after the crash, what happened to your vehicle?

kept going straight	kept going straight hitting a car in front of her	was hit by another vehicle
spun around	spun around and hit a stationary object	

Other: _____

16) Did you lose consciousness during the accident?

lost consciousness during the accident	remained conscious throughout entire accident

Other: _____

17) How was your head positioned during the accident?

head facing forward	head turned to the left	head turned to the right	head facing upward	head facing downward
head facing to the right and upward	head facing to the right and downward	head facing left and upward	head facing left and downward	

Other: _____

18) How was your torso positioned during the accident?

torso positioned forward	torso positioned to the left	torso positioned to the right	torso extended	torso flexed
torso flexed with right rotation	torso extended with right rotation	torso flexed with left rotation	torso extended with left rotation	

Other: _____

19) How were your hands positioned during the accident?

left hand on the steering wheel	right hand on the steering wheel	both hands on the steering wheel	left hand on dashboard	right hand on dashboard
both hands on dashboard	hand on the seat in front	hands resting along side	hands on ceiling of the car	

Other: _____

20) Did your head hit any of the following?

windshield	steering wheel	side door	dashboard	ceiling
carframe	another passenger	seat	side window	

Other: _____

21) Did your face hit any of the following?

windshield	steering wheel	side door	dashboard	ceiling
carframe	another passenger	seat	side window	

Other: _____

22) Did your shoulders hit any of the following?

windshield	steering wheel	side door	dashboard	ceiling
carframe	another passenger	seat	side window	

Other: _____

23) Did your neck hit any of the following?

windshield	steering wheel	side door	dashboard	ceiling
carframe	another passenger	seat	side window	

Other: _____

24) Did your chest hit any of the following?

windshield	steering wheel	side door	dashboard	ceiling
carframe	another passenger	seat	side window	

Other: _____

25) Did your hips hit any of the following?

windshield	steering wheel	side door	dashboard	ceiling
carframe	another passenger	seat	side window	

Other: _____

26) Did your knees hit any of the following?

windshield	steering wheel	side door	dashboard	ceiling
carframe	another passenger	seat	side window	

Other: _____

27) Did your feet hit any of the following?

windshield	steering wheel	side door	dashboard	ceiling
carframe	another passenger	seat	side window	

Other: _____

28) What kind of headrests were in your vehicle?

movable fixed head restraints	fixed, non movable head restraints	no head restraints

Other: _____

29) Where was your headrest positioned on your head?

at the top of the back of head	at the middle height of the bad of head	at the lower portion of the back of head
at the level of the back of neck	at the level of the shoulder blades	

Other: _____

30) Did you have your seatbelt on?

was wearing a shoulder strap seat belt	was wearing a lap belt seat belt	was in a baby car seat
was not wearing her seatbelt	cannot remember is she had a seat belt on	was in a booster seat

31) Did you slide out of your seatbelt?

slid out of seatbelt	remained in seatbelt	partially slid out of seatbelt

Other: _____

32) What was damaged in your vehicle?

windshield	steering wheel	dashboard	seat frame
side window	rear window	mirror	knee bolster
rear bumper	trunk	completely totaled	front left door
front right door	back left door	back right door	none

Other: _____

33) Choose the items that dented inward during the accident?

side door	dashboard	floor board	none

Other: _____

34) Choose the doors that would not open as a result of accident?

side door	dashboard	floor board	none

Other: _____

35) How did you go to the hospital?

ambulance	helicopter	police car
drove herself	walking	N/A didn't go to hospital

36) Please choose the locations of your problems:

headaches	jaw	neck	upper back	shoulder
arm	elbow	wrist	hand	mid back
low back	hip	legs	knee	ankle
foot				

Other: _____

37) Were you hospitalized overnight?

_____ yes _____ no _____ n/a

38) At the hospital, were you prescribed pain medication?

_____ yes _____ no _____ n/a

39) Were you prescribed muscle relaxers at the hospital?

_____ yes _____ no _____ n/a

40) Did you receive stitches for any cuts?

_____ yes _____ no _____ n/a

41) Did you receive any of the following? _____ yes _____ no _____ n/a

Cervical Collar	back brace	Cervical collar and back brace	n/a

42) Which xrays were taken at the hospital?

skull	neck	midback	lowerback	foot	arm
pelvis	hips	leg	knee	shoulder	no x-rays

Other: _____

43) Was an MRI performed?

skull	neck	midback	lowerback	foot	arm
pelvis	hips	leg	knee	shoulder	no MRI

Other: _____

44) Did you receive any special imaging?

skull	neck	midback	lowerback	foot	arm
pelvis	hips	leg	knee	shoulder	no special imaging

Other: _____

ASSIGNMENT OF PROCEEDS, CONTRACTUAL LIEN, AND AUTHORIZATION

("Agreement")

I hereby direct any and all insurance carriers, attorneys, agencies, governmental departments, companies, individuals, and/or other legal entities ("payers"), which may elect or be obligated to pay benefits to me for any medical conditions, accidents, injuries, or illnesses, past or future ("condition"), to pay directly to, and exclusively in the name of Hastings Chiropractic such sums as may be owing to Hastings Chiropractic for charges incurred by me, including but not limited to, charges for treatment, narrative reports, depositions, testimony, and any other incurred by me at the office ("charges"). I further grant a contractual lien to Hastings Chiropractic with respect to my charges, applicable to all payers; however, I understand that nothing in this Agreement shall be construed as an election by Hastings Chiropractic to claim protection under any statutory lien law. For the purposes of this Agreement, "benefits" shall include, but shall not be limited to, proceeds from any settlement, judgment, or verdict, as well as any proceeds relating to commercial health or group insurance, disability benefits, worker's compensation benefits, medical payments benefits, personal injury protection, lost wages benefits, lost services benefits, no-fault coverage, uninsured and underinsured motorist coverage, third party liability distributions, malpractice proceeds, attorney retainer agreements, and any other benefits or proceeds payable to me for the purposes stated herein, regardless of whether such proceeds are related to my charges or not.

I further agree that, in the event a payer refuses to pay, I hereby assign, insofar as permitted by law, all of my rights, remedies, and benefits to HC to extent of my charges, as well as any and all causes of action that I might have against such payer, to prosecute such causes of action either in my name or in the Office's name, and to settle or otherwise resolve causes of action as the Office sees fit.

In the even that I retain one or more attorneys to represent me in this matter, I will direct each attorney to issue a letter of protection to this office regarding my charges. Upon issuance, I hereby agree that such letter(s) of protection cannot be revoked or modified without the expressed written consent of this office. I further direct each attorney to provide immediate notice to the Office regarding any funds received by the attorney relating to my accident, to promptly pay such Office, and to provide a full accounting of such funds to the Office upon its request.

I hereby direct all payers to release to HC any information regarding any coverage or benefits which I may have including, but not limit to, the amount of coverage, the amount paid thus far, and the amount of any outstanding claims.

I authorize this Office to release any information regarding my treatment or pertinent to my case(s) to all payers as defined above to facilitate collection under this Agreement. I hereby direct this Office to file a copy of this Agreement, together with any applicable charges, with any or all payers, regardless of whether a claim has been established with said payers. I hereby authorize HC to endorse/sign my name on any and all checks listing me as a payee which are presented to this Office for payment of an account relating to me, my spouse, or any of my dependents. I further authorize HCto apply any credit balances on charges incurred by me to any other outstanding charges still owed by me, my spouse, or my dependents, regardless of whether these other charges are related to my condition.

I understand that I remain personally responsible for the total amounts due HC for their services. This Agreement does not constitute any consideration for this Office to await payments and it may demand payments from me immediately upon rendering services at its option. If this Office must take any action to collect an outstanding balance on my account, I will be responsible for payment and will reimburse HC for all costs of such collection efforts, including, but not limited to, all court costs and all attorney fees.
This Agreement shall not be modified or revoked without the mutual written consent of HC and myself. I hereby revoke any previously signed authorizations, whether executed at this office or any other office to the extent that the terms of those authorizations conflict with the terms of this Agreement.

I agree that each and every provision of this Agreement is reasonably necessary for the protection of the rights and interests of HC and myself. However, should any provision of this Agreement be found to be invalid, illegal or unenforceable, or for any reason, cease to be binding on any party hereto, all other portions and provisions of this Agreement shall, nevertheless, remain in full force and effect.

Patient Name (please print):_____

Patient Signature:_____ Date:_____

Name of Custodial Parent or Legal Guardian (please print):_____

Parent/Guardian' Signature_____ Date_____