Northwestern
Health Sciences University

PERSONAL & AUTO INJURY INFORMATION

Patient Information

Name: ______________________________ Date of Birth: ______________
(PLEASE PRINT NAME)

Accident Information

Accident Date ____/____/____ Was a Police or State Patrol report made? YES / NO

Accident Location ______________________________

Were you the: ☐ Driver ☐ Passenger ☐ Other ____________ Were you injured? YES / NO

Describe your injury: ______________________________

Were you taken to a hospital? YES / NO List the Hospital Name ______________________________

Were you hospitalized? YES / NO

What are your present complaints? ______________________________

What treatments have you received to this point? ______________________________

Was there anyone else in the accident with you? YES / NO If yes, who? ______________________________

Other Providers Seen For This Condition

Provider's Name ______________________________ Phone ______________

Address ______________________________

Did you miss any time from work? YES / NO If yes, how much? ______________________________

Have you returned to your same job? YES / NO If not, why? ______________________________

Are you represented by an attorney? YES / NO Attorney's Name ______________________________

Attorney's address ______________________________

Insurance Company Name ______________________________ Claim #______________

Adjuster's Phone #______________________________ Policy #______________

Address ______________________________