



**Bystrom Family Chiropractic**  
**810 Standiford Ave. Ste.3 Modesto, CA 95350**  
**209-268-9346**

## **Automobile Accident History Form**

What was the date of your accident? \_\_\_\_\_

Where were you seated in the car at the time of the accident? \_\_\_\_\_

Did you hit any part of your body during the collision (head or chest on steering wheel, dashboard, or window, etc.) \_\_\_\_\_ If yes, which part and how:

\_\_\_\_\_.

If you were the driver, was your insurance current? \_\_\_\_\_

If you were not the driver, was the driver of your vehicle insured? \_\_\_\_\_

Was the driver of the other vehicle insured? \_\_\_\_\_

Did you go to the hospital? \_\_\_\_\_ If yes, which hospital? \_\_\_\_\_

How did you get to the hospital? \_\_\_\_\_

Did you receive X-Rays? \_\_\_\_\_ If yes, what part of your body: \_\_\_\_\_

Did the hospital do an MRI? \_\_\_\_\_

Did the hospital do a CT Scan? \_\_\_\_\_

Did you sustain bruises? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Did you receive any care from any other health professional because of the accident? \_\_\_\_\_ If yes, please name the provider and describe care:

\_\_\_\_\_

\_\_\_\_\_

What are your current symptoms?

\_\_\_\_\_

\_\_\_\_\_

Were there other people in the car with you?

\_\_\_\_\_

At the time of impact, the vehicle I was in was (circle one) STOPPED/SLOWING DOWN/ ACCELERATING/MAINTAINING CONSTANT SPEED/TURNING RIGHT/ TURNING LEFT/OTHER (please explain):

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Did you have a head rest and was it up or down?

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Describe the damage to the vehicle that you were in:

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Describe the damage to the other vehicle:

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Has an estimate of damages to the vehicle you were in been made? \_\_\_\_\_

If yes, how much? \_\_\_\_\_

Do you have an attorney? \_\_\_\_\_ Who?

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**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Doctor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_