





19. During and after the crash what happened to your vehicle? (Please circle all that apply)
- kept going straight
  - kept going straight hitting a car in front
  - was hit by another vehicle
  - spun around
  - spun around and hit a stationary object
  - hit a stationary object
20. Did you lose consciousness during the accident? Yes / No
21. How was your head positioned during the accident? \_\_\_\_\_
22. How was your torso positioned during the accident? \_\_\_\_\_
23. How were your hands positioned during the accident? \_\_\_\_\_
24. Did your head hit anything during the accident? No / Yes, please describe \_\_\_\_\_
25. Did your face hit anything during the accident? No / Yes, please describe \_\_\_\_\_
26. Did your shoulders hit anything during the accident? No / Yes, please describe \_\_\_\_\_
27. Did your neck hit anything during the accident? No / Yes, please describe \_\_\_\_\_
28. Did your chest hit anything during the accident? No / Yes, please describe \_\_\_\_\_
29. Did your hips hit anything during the accident? No / Yes, please describe \_\_\_\_\_
30. Did your knees hit anything during the accident? No / Yes, please describe \_\_\_\_\_
31. Did your feet hit anything during the accident? No / Yes, please describe \_\_\_\_\_
32. What kind of headrest was in your vehicle?
- movable fixed headrest
  - non-movable fixed headrest
  - no headrest
33. Where was the headrest positioned on your head? (Please circle which applies best)
- at the top of the back of your head
  - at the middle height of the back of your head
  - at the lower portion of the back of your head
  - at level with the back of your neck
  - at the level of your shoulder blades
34. Did you have your seatbelt on during the accident? -Yes -No
35. Did you slide out of your seatbelt during the accident? \_\_\_\_\_
36. What was damaged in your vehicle? (Please circle all that apply)
- |                      |                |                    |
|----------------------|----------------|--------------------|
| - windshield         | - rear window  | - trunk            |
| - steering wheel     | - mirror       | - front left door  |
| - dashboard          | - knee bolster | - front right door |
| - seat frame         | - rear bumper  | - back left door   |
| - side window        | - front bumper | - back right door  |
| - completely totaled | - other: _____ |                    |

37. Choose the items that dented inward:

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- floorboards    - side door    - dashboard

38. Choose the doors that would not open as a result of the accident:  
- front left    - rear left    - front right    - rear right

39. Did you go to the hospital? If no, why and do not answer 40-47 \_\_\_\_\_

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

41. What was the name of the hospital? \_\_\_\_\_

42. Were you hospitalized over night? \_\_\_\_\_

43. Circle what you were prescribed at the hospital (if applicable):  
Pain Medication    Muscle Relaxers    Not Applicable

44. Did you receive any stitches for any cuts at the hospital? If yes, which area(s) of the body?  
\_\_\_\_\_

45. Did you receive any of the following at the hospital?  
Neck Brace    Back Brace    Not Applicable

46. Were x-rays taken at the hospital? If yes, which area(s) of the body were they taken?  
\_\_\_\_\_

47. Was an MRI/CT Scan taken at the hospital? If yes, which area(s) of the body were they taken?  
\_\_\_\_\_

**Patient/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_