

Needham Family Chiropractic
Otto Todorov, DC, CCSP, ART provider
105 Chestnut Street, Suite 35, Needham, MA 02492
Phone: (781) 444-3772 Fax: (781) 444-7427
E-mail: ottochiropractor@msn.com

IF YOURS IS A VEHICULAR ACCIDENTAL INJURY, COMPLETE THE FOLLOWING

Submission Date: _____ Date of Accident: _____ Hour: __ AM ____ PM _____

Location: _____

How did the accident occur? _____ Auto Collision _____ On-the -job-Injury _____ Other _____

Please describe the circumstances: _____

If vehicle accident, you were: ___ Driver? ___ Passenger? ___ Pedestrian?

If vehicle collision, you were struck from: ___ Behind? ___ Right Side? ___ Left Side?

_____ Front? ___ Auto was parked?

Did your vehicle strike the other(s) involved? ___ Yes ___ No

Was traffic citation issued to you? ___ Yes ___ No

Was traffic citation issued to driver of other vehicle? ___ Yes ___ No

List the extent of the injuries as known: _____

CHECK SYMPTOMS YOU HAVE NOTICED SINCE ACCIDENT:

- | | | |
|-------------------------|----------------------|--------------------------|
| ___ Headache | ___ Neck Pain | ___ Neck Stiff |
| ___ Sleeping Problems | ___ Back Pain | ___ Nervousness |
| ___ Tension | ___ Irritability | ___ Chest Pain |
| ___ Dizziness | ___ Head Seems Heavy | ___ Pins/Needles in Arms |
| ___ Pins/Needles | ___ Numb in Fingers | ___ Numb in Toes |
| ___ Shortness of Breath | ___ Fatigue | ___ Depression |
| ___ Light bothers eyes | ___ Loss of Memory | ___ Ears Ring |
| ___ Face Flushed | ___ Buzzing Ears | ___ Loss of Balance |
| ___ Fainting Spells | ___ Loss of Smell | ___ Loss of Taste |
| ___ Diarrhea | ___ Feet Cold | ___ Hands Cold |
| ___ Stomach Upset | ___ Constipation | ___ Cold Sweats |

Symptoms other than above: _____

Have you lost any days of work? ___ Yes ___ No Dates: _____

Name of your Insurance Company involved: _____

Name of Insurance Company of person responsible for injuries: _____

If you have an Insurance Adjuster, fill in Name, Phone and Claim #. If you have not type "NO"

Do you have an attorney who has advised you in this case? ___ Yes ___ No

Attorney Name: _____ Phone Number: _____

Address: _____