California Spine Care
Santi Rao MD
Spinal Disorders & Surgery
www.SantiRaoMD.com santi@SantiRaoMD.com
Tel: 925 691 1700 Fax: 925 691 1707

Description of my accident

Date of this accident:____

Make & Model of my car:____

Make & Model of the other car:____

I was

	moving at approximately _______ miles per hour
	stopped

The other vehicle was

	moving at approximately _______ miles per hour
	Speed unknown

I was the:

	Driver
	Passenger
	Front seat
	Backseat driver side
	Backseat passenger side

My seat belt was:

	On
	Off

The seat belt was:

	Lap belt only
	Lap & shoulder belt

The seat belt remained:

	Intact
	Broke

The seat remained:

	Intact
	Broke

There was an airbag:

	Yes
	No

The airbag:

	Deployed
	Did not deploy

My vehicle was hit on the:

	Rear
	Driver side
	Passenger side

There was:

	One impact
	More than one impact

At the time of the impact my body was:

	Thrown forward and backward
	Thrown to the right side / left side
	My head was thrown forwards and backwards
	My _______ struck the

I remained in the vehicle:

	Yes
	No

I was able to:

	Get out
	I had to be extracted

I was seen at ____________________________ hospital:

	The same day
	The next day
	In a few days
	In a few weeks

I saw Dr.____________________________________ and had:

	Chiropractic treatment
	Medications
	Physical Therapy
	For approximately ______________ months/weeks

As a result of this accident I have had the following pain:

	Neck
	Upper back
	Middle back
	Lower back
	Shoulder: Right / Left
	Elbow: Right / Left
	Hand: Right / Left
	Hip: Right / Left
	Leg: Right / Left
	Knee: Right / Left
	Ankle: Right / Left

The problems after this accident started:

	The same day
	Within ___________ days
	Within ____________ weeks

Before this accident I had:

	No problems in this area
	I had some problems in this area