

Motor Vehicle Accident Intake Form

Name: _____ Date: _____

Adjusters Name: _____ ICBC Claim Number: _____

Date of Accident: _____ Time: _____ AM PM

Location of accident: _____

Your position in the vehicle: Driver Front passenger Rear passenger (centre)
 Rear passenger (left) Rear passenger (right)

Road Conditions: Wet Dry Icy Other _____

Describe how the accident happened: _____

How fast was your vehicle travelling at the time of impact? _____

If another vehicle was involved, how fast was it travelling at the time of impact? _____

The impact to your vehicle was from: the front the rear the left side the right side

Were you wearing a seat belt? _____ How many people were in your vehicle? _____

At the time of impact, what direction were you looking? front rear left right unknown

Did the impact cause you to strike your body on any part of the vehicle or on anything inside the vehicle? _____ If Yes, please describe: _____

Did you lose consciousness? _____ If Yes, for how long? _____

Were you transported to the hospital? _____ If Yes, which hospital? _____

How did you get to the hospital? ambulance I drove myself someone else drove me

When did you go to the hospital? _____

What did they do at the hospital? _____

Have you been treated by any other healthcare providers for the injuries you received in this accident? _____

If Yes, please describe and list any medications prescribed: _____

What symptoms did you feel immediately following the accident? _____

What symptoms are you feeling at the present time? _____

Patient Signature: _____

Neck Disability Index Questionnaire

Patient Name _____ Date _____

This questionnaire is designed to enable us to understand how much your neck pain has affected your ability to manage your everyday activities. Please answer each section by circling the ONE CHOICE that most applies to you. We realize that you may feel that more than one statement may relate to you, but PLEASE JUST CIRCLE THE ONE CHOICE WHICH MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.

SECTION 1 - Pain Intensity

- A I have no pain at the moment.
- B The pain is very mild at the moment.
- C The pain is moderate at the moment.
- D The pain is fairly severe at the moment.
- E The pain is very severe at the moment.
- F The pain is the worst imaginable at the moment.

SECTION 2 - Personal Care (Washing, Dressing, etc.)

- A I can look after myself normally, with out causing extra pain.
- B I can look after myself normally, but it causes extra pain.
- C It is painful to look after myself and I am slow and careful.
- D I need some help, but manage most of my personal care.
- E I need help every day in most aspects of self care.
- F I do not get dressed, I wash with difficulty and stay in bed.

SECTION 3 - Lifting

- A I can lift heavy weights without extra pain.
- B I can lift heavy weights, but it gives extra pain.
- C Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example, on a table.
- D Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- E I can lift very light weights.
- F I cannot lift or carry anything at all.

SECTION 4 - Reading

- A I can read as much as I want to with no pain in my neck.
- B I can read as much as I want to with slight pain in my neck.
- C I can read as much as I want to with moderate pain in my neck.
- D I cannot read as much as I want because of moderate pain in my neck.
- E I cannot read as much as I want because of severe pain in my neck.
- F I cannot read at all.

SECTION 5 - Headaches

- A I have no headaches at all.
- B I have slight headaches which come infrequently.
- C I have moderate headaches which come infrequently.
- D I have moderate headaches which come frequently.
- E I have severe headaches which come frequently.
- F I have headaches almost all of the time.

SECTION 6 - Concentration

- A I can concentrate fully when I want to with no difficulty.
- B I can concentrate fully when I want to with slight difficulty.
- C I have a fair degree of difficulty in concentrating when I want to.
- D I have a lot of difficulty in concentrating when I want to.
- E I have a great deal of difficulty in concentrating when I want to.
- F I cannot concentrate at all.

SECTION 7 - Work

- A I can do as much work as I want to.
- B I can only do my usual work, but no more.
- C I can do most of my usual work, but no more.
- D I cannot do my usual work.
- E I can hardly do any work at all.
- F I cannot do any work at all.

SECTION 8 - Driving

- A I can drive my car without any neck pain.
- B I can drive my car as long as I want with slight pain in my neck.
- C I can drive my car as long as I want with moderate pain in my neck.
- D I cannot drive my car as long as I want because of moderate pain in my neck.
- E I can hardly drive at all because of severe pain in my neck.
- F I cannot drive my car at all.

SECTION 9 - Sleeping

- A I have no trouble sleeping.
- B My sleep is slightly disturbed (less then 1 hour sleepless).
- C My sleep is mildly disturbed (1-2 hours sleepless).
- D My sleep is moderately disturbed (2-3 hours sleepless).
- E My sleep is greatly disturbed (3-5 hours sleepless).
- F My sleep is completely disturbed (5-7 hours sleepless).

SECTION 10 - Recreation

- A I am able to engage in all of my recreational activities with no neck pain at all.
- B I am able to engage in all of my recreational activities with some pain in my neck.
- C I am able to engage in most, but not all of my recreational activities because of pain in my neck.
- D I am able to engage in a few of my recreational activities because of pain in my neck.
- E I can hardly do any recreational activities because of pain in my neck.
- F I cannot do any recreational activities at all.

Pain Scale:

Rate the severity of your pain by checking one box on the following scale. SCORE: _____

No Pain						Excruciating Pain				
0	1	2	3	4	5	6	7	8	9	10

The Oswestry Disability Index For Low Back Pain

This questionnaire has been designed to give us information as to how your back pain has affected your ability to manage everyday-life activities. Please answer every section, and mark in each section the **one box** that applies to you. Although you may consider that two of the statements in any one section relate to you, please mark the box that **most closely** describes your present-day situation.

SECTION 1—PAIN INTENSITY

- My pain is mild to moderate; I do not need painkillers.
- The pain is bad, but I manage without taking painkillers.
- Painkillers give complete relief from pain.
- Painkillers give moderate relief from pain.
- Painkillers give very little relief from pain.
- Painkillers have no effect on the pain.

SECTION 2—PERSONAL CARE

- I can look after myself normally without causing extra pain.
- I can look after myself normally, but it causes extra pain.
- It is painful to look after myself, and I am slow and careful.
- I need some help but manage most of my personal care.
- I need help every day in most aspects of self-care.
- I do not get dressed. I wash with difficulty and stay in bed.

SECTION 3—LIFTING

- I can lift heavy weights without causing extra pain.
- I can lift heavy weights, but it gives me extra pain.
- Pain prevents me from lifting heavy weights off the floor, but I can manage if items are conveniently positioned, i.e. on a table.
- Pain prevents me from lifting heavy weights, but I can manage light weights if they are conveniently positioned.
- I can lift only very light weights.
- I cannot lift or carry anything at all.

SECTION 4—WALKING

- I can walk as far as I wish.
- Pain prevents me from walking more than 1 mile.
- Pain prevents me from walking more than 1/2 mile.
- Pain prevents me from walking more than 1/4 mile.
- I can walk only if I use a cane or crutches.
- I am in bed or in a chair for most of every day.

SECTION 5—SITTING

- I can sit in any chair for as long as I like.
- I can sit in my favorite chair only, but for as long as I like.
- Pain prevents me from sitting for more than 1 hour.
- Pain prevents me from sitting for more than 1/2 hour.
- Pain prevents me from sitting for more than 10 minutes.
- Pain prevents me from sitting at all.

SECTION 6—STANDING

- I can stand as long as I want without extra pain.
- I can stand as long as I want, but it gives me extra pain.
- Pain prevents me from standing for more than 1 hour.
- Pain prevents me from standing more than 1/2 hour.
- Pain prevents me from standing more than 10 minutes.
- Pain prevents me from standing at all.

SECTION 7—SLEEPING

- Pain does not prevent me from sleeping well.
- I sleep well, but only when taking medication.
- Even when I take medication, I sleep less than 6 hours.
- Even when I take medication, I sleep less than 4 hours.
- Even when I take medication, I sleep less than 2 hours.
- Pain prevents me from sleeping at all.

SECTION 8—SOCIAL LIFE

- My social life is normal and causes me no extra pain.
- My social life is normal, but increases the degree of pain.
- Pain affects my social life by limiting only my more energetic interests, such as dancing, sports, etc.
- Pain affects my social life, and I do not go out as often.
- Pain has restricted my social life to my home.
- I have no social life because of pain.

SECTION 9—TRAVELING

- I can travel anywhere without extra pain.
- I can travel anywhere, but it gives me extra pain.
- Pain is bad, but I manage journeys over 2 hours.
- Pain restricts me to journeys of less than 1 hour.
- Pain restricts me to necessary journeys under 1/2 hour.
- Pain prevents traveling except to the doctor/hospital.

SECTION 10—CHANGING DEGREE OF PAIN

- My pain is rapidly getting better.
- My pain fluctuates but overall is definitely getting better.
- My pain seems to be getting better but improvement is slow at present.
- My pain is neither getting better nor worse.
- My pain is gradually worsening.
- My pain is rapidly worsening.

Pain Severity Scale:

Rate your usual level of pain today by checking one box on the following scale.

0	1	2	3	4	5	6	7	8	9	10
No Pain Excruciating Pain										

PATIENT NAME: _____

DATE: _____

SCORE: / **Office use only**