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Patient Name _____

Chart # _____

INSTRUCTIONS

Please answer the questions below.

All questions are in reference to the reason you are being seen by the doctor today.

Please return all paperwork to the Front Desk Receptionist when completed.

Thank you!

If this is not related to any type of accident or injury and no third party liability is involved, please provide a brief description of your reason for today's visit. *Thank you!*

Is this injury a result of an accident or incident from your place of employment?

Yes - Please provide a description of the accident: _____

_____ Date of Accident: _____

No - if you answered no, please continue to the next question.

If this injury is a result of an accident or incident occurring other than at work, please specify below:

Motor Vehicle Accident Date of Accident: _____

Home Date of Accident: _____

School Date of Accident: _____

Other - please specify place where injury occurred. Date of Accident: _____

Patient's Signature: _____

Date: _____