North/Central Office: 4307 Ball Camp Pike ● Knoxville, TN 37921 ● t 865.524.1234 ● f 865.524.2169
West Office: 312 Prosperity Drive, Ste. 101 ● Knoxville, TN 37923 ● t 865.691.3155 ● f 865.694.8093
Sutherland Office (In Tennessee Sports Medicine):
2260 Sutherland Ave ● Knoxville, TN 37919 ● t 865.691.3155 ● f 865.694.8093
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Name: _____ Date: _____ Chart#: _____

ACCIDENT INFORMATION (this section must be completed)

Please describe, in detail, how the accident happened: _____
_____
Date of accident: _____ Time: _____ AM / PM
Where did the injury occur? _____
Did you go to the hospital? ☐ **Yes** ☐ **No**
If yes, how did you get there? ☐ **Ambulance** ☐ **Other:** _____
If by ambulance, did the ambulance attendants place you in a: ☐ **Neck brace** ☐ **Back brace**
☐ **Other** _____
Hospital Name _____ **Doctor Name** _____
Did you have: ☐ **X-rays** ☐ **MRI** ☐ **CT Scan**

Have you retained an attorney? ☐ **Yes** ☐ **No** **Litigation?** ☐ **Yes** ☐ **No** ☐ **Maybe**
If yes, please give name and address: _____

AUTO (complete this section only, if you were involved in an auto accident)

Where did the collision occur? **City/Town:** _____ **State:** _____
Were you the: ☐ **Driver** ☐ **Passenger** ☐ **Pedestrian**
What type of vehicle were you in? _____What type was the other vehicle? _____
Was there a second impact? ☐ **Yes** ☐ **No** **If so, explain** _____
Was the impact from: ☐ **Front** ☐ **Rear** ☐ **Left Side** ☐ **Right Side**
What was the approximate speed at the time of impact? **Your Vehicle _____ mph** **Other Vehicle _____mph**
How much damage was there to the outside of the vehicle? ☐ **None** ☐ **Some** ☐ **Major**
Were you wearing a seat belt? ☐ **Yes** ☐ **No**
Does your vehicle have an airbag? ☐ **Yes** ☐ **No** Did it deploy? ☐ **Yes** ☐ **No**
Immediately after the accident, where did you experience pain? **(be specific)** _____
Immediately after the accident, were you? ☐ **conscious** ☐ **dazed** ☐ **unconscious, if so how long?** _____
Were you surprised by the impact? ☐ **Yes** ☐ **No**

PERSONAL INJURY (complete this section only, if you were involved in personal injury accident)

Was there anything in particular that your think caused the injury: **example-wet floor?**
Please describe: _____
_____
Immediately after the accident were you: ☐ **conscious** ☐ **dazed** ☐ **unconscious, if so how long?** _____
Did anyone witness your injury? ☐ **Yes** ☐ **No** **Who?** _____
Was the report: ☐ **Written** ☐ **Verbal**
Did you have any physical complaints **just before the injury**? ☐ **Yes** ☐ **No**
Explain: _____
What type of work do you do/requirements? _____
Have you lost any days of work because of this injury? ☐ **Yes** ☐ **No**
If yes, date(s): _____

Patient Signature: _____ Date: _____

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Name: _____ Date: _____ Chart#: _____

WORKERS COMP (complete this section only, if you were involved in an accident at work)

What address were you at when injured? _____
What injuries did you suffer? _____
_____
Since the injury, are you symptoms? ☐ **Improving** ☐ **Getting Worse** ☐ **Same**
Are your work activities restricted as a result of this accident? ☐ **Yes** ☐ **No**
Did you notify your employer of this injury? ☐ **Yes** ☐ **No** **With whom did you speak?** _____
Did you return to work? ☐ **Yes** ☐ **No** **If Yes, date returned: ____/_____/_____**
If No, date last worked: ____/_____/_____
Did you consult another doctor? ☐ **Yes** ☐ **No** **If yes, date consulted: ____/_____/_____**
Doctor's Name _____ ☐ **DC** ☐ **MD** ☐ **DO** ☐ **DDS**
Diagnosis or treatment: _____
Have you ever injured this area before? ☐ **Yes** ☐ **No**
If injured before, did you lose time from work? ☐ **Yes** ☐ **No**
If you lost time from work with injuries prior to this injury, give names and doctors consulted: _____
_____
Other diseases or accidents affect your employment? ☐ **Yes** ☐ **No**
If so, explain _____
In your work, do you have to favor any part of your body? ☐ **Yes** ☐ **No**
If so, explain _____
Any history of absenteeism caused from accidents on the job? ☐ **Yes** ☐ **No**
Ever had a worker's compensation claim before? ☐ **Yes** ☐ **No**
Before the injury were you capable of working on an equal basis with others your age? ☐ **Yes** ☐ **No**

Patient Signature: _____ Date: _____