

# Durham Family Chiropractic

## Dr. Stephen M. Wrinn

### Personal Injury Questionnaire

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

Where did the injury occur? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please explain in detail how your injury occurred:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date and Time present injury occurred: \_\_\_\_/\_\_\_\_/\_\_\_\_  AM  PM

When did your symptoms begin?  Immediately  Later that day  Next day  other \_\_\_\_\_

Where did you feel pain/symptoms after the accident? \_\_\_\_\_

\_\_\_\_\_

Did you receive treatment immediately after the accident? \_\_\_\_\_

\_\_\_\_\_

Did you consult any other doctor?  Yes  No

If so, give doctor's name: \_\_\_\_\_  D.C.  M.D.  D.O.  D.D.S.  other \_\_\_\_\_

Doctor's diagnosis? \_\_\_\_\_

Was treatment given? \_\_\_\_\_

How often did you see the Doctor? \_\_\_\_\_

Have you ever had any complaints in the involved area before?  Yes  No If so, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What medications are you presently taking? \_\_\_\_\_

\_\_\_\_\_

Did you lose time from work?  Yes  No Did you return to work?  Yes  No Return date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Before the injury, were you capable of working on an equal basis with others your age?  Yes  No

Are your work activities restricted as a result of this accident?  Yes  No

Since the injury, are your symptoms  Improving?  Getting worse?  The same?

Have you retained an attorney?  Yes  No Litigation?  Yes  No

If so, please provide your attorney's name, address and phone #: \_\_\_\_\_

\_\_\_\_\_

Are your claims being filed through your medical insurance?  Yes  No

## Activities of Daily Living

Place a check under the applicable level of functionality to the right for each activity of daily living that applies to you	Five Levels of Functionality				
	Can be performed without any difficulty	Can be performed without much difficulty, despite some pain	Can be managed by yourself despite marked pain	Can be managed, despite the pain, but only with assistance	Cannot be performed at all, because of the pain
<b>SELF CARE AND PERSONAL HYGIENE</b>					
Bathing					
Drying Hair					
Brushing Teeth					
Putting on Shoes					
Preparing Meals					
Taking out the Trash					
Showering					
Combing Hair					
Making the Bed					
Tying Shoes					
Eating					
Doing Laundry					
Washing Hair					
Washing Face					
Putting on a Shirt					
Putting on Pants					
Cleaning Dishes					
Going to the Toilet					
<b>PHYSICAL ACTIVITIES</b>					
Standing					
Standing for Long Periods					
Walking					
Walking for Long Periods					
Kneeling					
Kneeling for Long Periods					
Sitting					
Sitting for Long Periods					
Stooping					
Reaching					
Reclining					
Squatting					
Bending Back					

Place a check under the applicable level of functionality to the right for each activity of daily living that applies to you	Five Levels of Functionality				
	Can be performed without any difficulty	Can be performed without much difficulty, despite some pain	Can be managed by yourself despite marked pain	Can be managed, despite the pain, but only with assistance	Cannot be performed at all, because of the pain
<b>PHYSICAL ACTIVITIES CONTINUED</b>					
Bending Left					
Bending Right					
Bending Forward					
Leaning Back					
Leaning Left					
Leaning Right					
Leaning Forward					
Twisting Left					
Twisting Right					
<b>FUNCTIONAL ACTIVITIES</b>					
Carrying Small Objects					
Carrying Large Objects					
Carrying a Briefcase					
Carrying a Large Purse					
Lifting Weights off the Floor					
Lifting Weights off the Table					
Pushing Things While Seated					
Pushing Things While Standing					
Pulling Things While Seated					
Pulling Things While Standing					
Exercising Upper Body					
Exercising Lower Body					
Exercising Arms					
Exercising Legs					
Climbing Stairs					
Climbing Inclines					
<b>SOCIAL AND RECREATIONAL ACTIVITIES</b>					
Bowling					
Jogging					
Swimming					
Ice Skating					
Competitive Sports					
Dating					
Golfing					
Dancing					
Skiing					
Hobbies					
Dining Out					

Place a check under the applicable level of functionality to the right for each activity of daily living that applies to you	Five Levels of Functionality				
	Can be performed without any difficulty	Can be performed without much difficulty, despite some pain	Can be managed by yourself despite marked pain	Can be managed, despite the pain, but only with assistance	Cannot be performed at all, because of the pain
<b>DIFFICULTIES WITH TRAVELING</b>					
Driving a Motor Vehicle					
Driving for Long Periods					
As a Passenger in a Car					
As a Passenger in a Train					
As a Passenger on a Plane					
As a Passenger for Long Periods					
Place a check under the applicable level of functionality to the right for each activity of daily living that applies to you	Five Levels of Functionality				
	This area is not being affected by my condition	This area is being slightly affected by my condition	My condition moderately restricts my ability in this area	My condition seriously limits my ability in this area	My condition prevents me from using this ability
<b>DIFFICULTIES WITH COMMUNITCATING</b>					
Concentrating					
Listening					
Speaking					
Reading					
Writing					
Typing					
<b>DIFFICULTIES WITH THE SENSES</b>					
Seeing					
Hearing					
Sense of Touch					
Sense of Taste					
Sense of Smell					
<b>DIFFICULTIES WITH HAND FUNCTIONS</b>					
Grasping					
Holding					
Pinching					
Percussive Movements					
Sensory Discrimination					
<b>DIFFICULTIES WITH SLEEP AND OTHER FUNCTIONS</b>					
Getting a Normal, Restful Night's Sleep					
Participating in Sexual Activity					
Desire to participate in Sexual Activity					
Participating in Social Activities					
Desire to participate in Social Activities					

Signature of Patient: \_\_\_\_\_ Date: \_\_\_\_\_