NO FAULT INCIDENT REPORT

Name: _____ Date of Injury: _____

Description of Area of Injury: _____

Description of Accident/Injury: _____

_____

Insurance Carrier: _____ Insurance Carrier Phone Number: _____

Insurance Carrier Address: _____

Carrier Case Number: _____ _____

Case Adjuster Name and Phone Number: _____

Do you have a deductible? _____

If Yes, has it been met? _____

Have You Been Treated by Another Doctor: _____

If Yes When/Where: _____

Results of Treatment: _____

Have You Been Treated by Another Chiropractor: _____

If Yes When/Where: _____

Results of Treatment: _____

Did You Miss Work For Any Period of Time? (List Dates): _____

Level of Pain at Time of Injury: Completely Comfortable =0----1----2----3----4----5----6----7----8----9----10= Severe Pain

Level of Pain Today: Completely Comfortable =0----1----2----3----4----5----6----7----8----9----10= Severe Pain

Amount of time able to **work** *prior to injury* without increased pain: _____

Amount of time able to **work** *after your injury* without increased pain: _____

Amount of time able to **walk** *prior to injury* without increased pain: _____

Amount of time able to **walk** *after your injury* without increased pain: _____

Amount of time able to **sit** *prior to injury* without increased pain: _____

Amount of time able to **sit** *after your injury* without increased pain: _____

Amount of time able to **lift** and the amount able to **lift** *prior to injury* without increased pain: _____

_____

Amount of time able to **lift** and the amount able to **lift** *after your injury* without increased pain: _____

_____

Amount of time able to **clean/do chores** *prior to injury* without increased pain: _____

Amount of time able to **clean/do chores** *after your injury* without increased pain: _____

Amount of time able to **lay down/sleep** *prior to injury* without increased pain: _____

Amount of time able to **lay down/sleep** *after your injury* without increased pain: _____

Amount of time able to **drive** *prior to injury* without increased pain: _____

Amount of time able to **drive** *after your injury* without increased pain: _____

Amount of time able to **groom** *prior to injury* without increased pain: _____

Amount of time able to **groom** *after your injury* without increased pain: _____

Any limitations or important information related to this injury? _____

_____