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PATIENT: _____

Is your visit today due to an accident or injury? _____

If yes, please explain. _____

Date of Injury: _____ Time of Injury: _____

Did this occur at home? _____ If no, where did it occur? _____

Place of accident or injury: _____ City: _____ State: _____

Is this injury related to your employment? _____

Is this injury related to a car accident? _____

IF THIS IS NOT AN INJURY, PLEASE TELL US WHERE YOUR PAIN IS TODAY

SIGNATURE: _____ DATE: _____

(if over 18 years of age)

SIGNATURE: _____ DATE: _____

(Parent or Guardian if under 18 years of age)