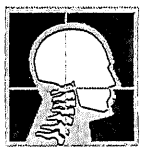

PERSONAL INJURY QUESTIONNAIRE (CONTINUED)

12. Please describe how you felt:
    a. During the accident:_____
    b. Immediately after the accident:_____
    c. Later that day:_____
    d. The next day:_____
13. What are your PRESENT complaints and symptoms?_____
    _____
14. Do you have any congenital (from birth) factors which relate to this problem? ____ YES ____ NO
15. Do you have any previous illnesses which relate to this cause? ____ YES ____ NO
    If yes, please describe:_____
16. Have you ever been involved in an accident before? ____ YES ____ NO
    If yes, please describe, including date(s), type(s) of accidents, as well as injury(ies) received:_____
    _____
17. Where were you taken after the accident?_____
    _____
18. Have you been treated by another doctor since the accident? ____ YES ____ NO
    If yes, please list the doctor's name and address:_____
    _____
19. Since the injury occurred, are your symptoms: ____ Improving ____ Getting ____ Worse ____ Same
20. Check the symptoms you have noticed since the accident:

____ Headache	____ Neck Pain	____ Neck Stiff	____ Sleeping Problems
____ Back Pain	____ Nervousness	____ Tension	____ Irritability
____ Chest Pain	____ Dizziness	____ Head Seems Too Heavy	____ Cold Sweats
____ Pins and Needles in Arms	____ Pins and Needles in Legs	____ Numbness in Fingers	____ Feet Cold
____ Hands Cold	____ Numbness in Toes	____ Shortness of Breath	____ Fatigue
____ Depression	____ Lights Bother Eyes	____ Loss of Memory	____ Ears Ring
____ Face Flushed	____ Buzzing in Ears	____ Loss of Balance	____ Fainting
____ Loss of Smell	____ Loss of Taste	____ Diarrhea	____ Stomach Upset
____ Constipation	____ Fever		

    ____ Other Symptoms Other Than Above:_____
    _____
21. Have you lost time from work as a result of this accident? ____ YES ____ NO
    If yes, when was the last day worked:_____
22. Do you notice any activity restrictions as a result of this injury? ____ YES ____ NO
    If yes, please describe in detail:_____
    _____

_____ _____
Patient Signature *Date*