



INITIAL ASSESSMENT – MOTOR VEHICLE ACCIDENT

NAME: _____

DATE: _____ DATE OF MVA: _____

DETAILS OF MVA: _____

Aware/unaware	Changes in bowel/bladder	Rear-ended	Left Rear	Right Rear
Front Collision	Passenger Side	Driver Side	Speed of Collision _____ km/h	
Patient was the:	Driver	Front Passenger	Rear Passenger	Pedestrian
Seatbelt: 3 point	Lapbelt	None	Headrest in Car: Yes / No	

Was pt. working at the time of the injury: Yes / No Employer: _____
Occupation: _____ Can pt. still work: Yes / No
Current Treatment: MD _____ DC _____
Current Medications: _____

AREAS OF COMPLAINT: _____

TYPE OF PAIN: _____

RADIATION: _____

BETTER WHEN: _____

WORSE WHEN: _____

HOSPITALIZED: _____ FIRST MVA: Yes / No
Previous MVA's: _____ Residual Effects: _____
Charges laid against _____