

DR GREG BAIN

**MOTOR VEHICLE ACCIDENT
AND PUBLIC LIABILITY
PATIENT INFORMATION SHEET**

Name:

Date of Birth:

1. Date and time of injury:

2. Where did the injury occur:

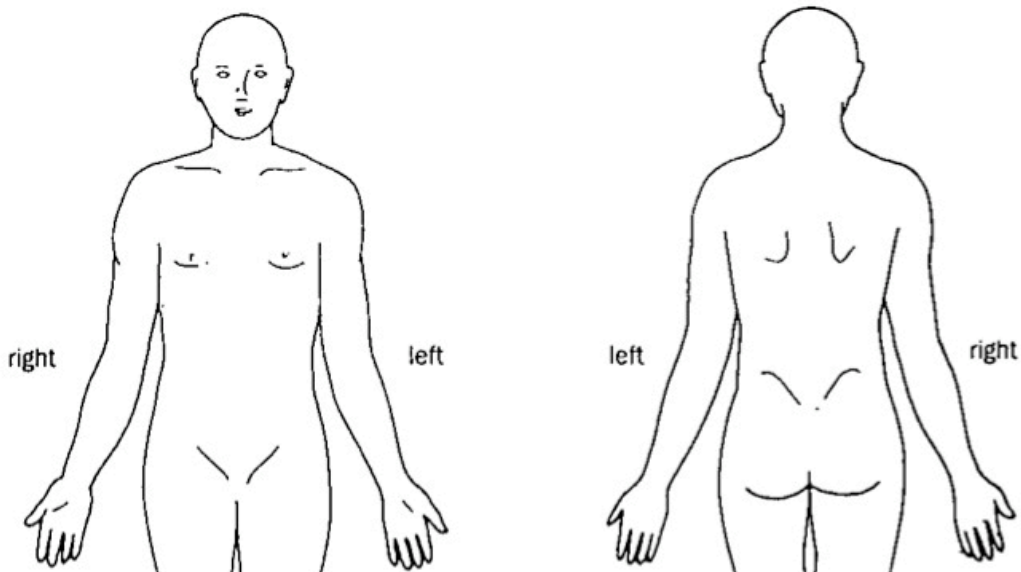
3. Brief description of the event:

4. Were you wearing a seatbelt Yes No

5. Brief description of damage to vehicle:

6. Description of injury or injuries (please use diagram to indicate where you feel pain – please include ALL affected areas)

Please mark on the diagram the site of pain. Also mark your worst pain with an x



7. Treatment sought ie anti-inflammatory tablets, chiropractic care, physio, massage, injections, splints etc:

8. Names of other practitioners seen for this injury/injuries:

9. Investigations undertaken ie xrays, MRI, blood tests etc:

10. Impact on capacity to work:

11. Impact on daily activities ie home/sport/social life etc:

12. What are your current working hours:

13. What duties are you currently performing:

14. Is your claim accepted? *YES* *NO* *UNSURE*