

Soaring Crane Acupuncture, LLC
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(503) 303-7595

Mortor Vehicle Accident Intake Form

Patient Name: _____ Date of Birth: _____

Date of Accident: _____ Claim Number: _____

Insurance Company's Name _____

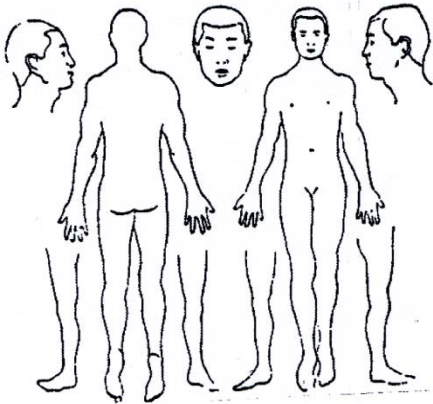
Adjuster's Name : _____ Phone Number: _____

Have you seen a medical doctor? Yes No Dr.'s Name: _____

Have you hired an attorney? Yes No
Please list your Attorney's name: _____ Phone # _____

If no, do you plan to hire an attorney? Yes No

Briefly describe what happened (date, time, location of accident, road conditions, what vehicle was doing what, and who hit whom or what) _____



Pain Scale:

Using the diagram please indicate where you have pain.

Using the scale below rate your level of pain. Be sure to specify which area of the body has which level of pain.

Scale: 1=barely noticeable 2=noticeable 3= there but able to ignore
4=becoming uncomfortable 5=uncomfortable 6= disturbing
7=distressing 8=horrible 9=severe 10=out of control/intolerable

1) Name of body part: _____ Pain level: _____

2) Name of body part: _____ Pain level: _____

3) Name of body part: _____ Pain level: _____

4) Name of body part: _____ Pain Level: _____

Briefly describe how you were injured (position in vehicle, seat belt, impact, head position at time of injury, loss of consciousness, and any other important information).

