

## AC Medical Services Accident-Report Data

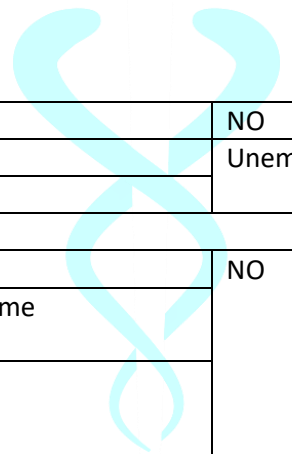
### PERSONAL DETAILS

Name

Dob

Address

Photo ID brought



WORK AT TIME OF ACCIDENT?	YES				NO				
	Fulltime (30+ hr)	Part-time	Casual		Unemployed	Retired	Maternity Leave	<b>Caring for Other</b>	Medically-unfit
	<b>Job Title</b>								
IN EDUCATION CURRENTLY ?	YES				NO				
	Primary school	Senior School	College full time	College part time					
	University part time	University full time	Correspondence Course						
MARITAL STATUS	married	Living with partner	single	divorced	separated	windowed	Other		

# ACMEDICALSERVICES

**ACCIDENT DETAILS**    date of accident .....

Type of vehicle you were in	car	van	taxi	bus	motorcycle	Pedal cycle	Pedestrian	Other	
Position in the vehicle	car	van	taxi	bus	motorcycle	Pedal cycle	Pedestrian	Other	
What type of vehicle hit you	car	van	taxi	bus	motorcycle	Pedal cycle	Pedestrian	Other	
Which bit of your vehicle was struck/collided	Front	Back	Passenger side -side	Driver side -side	Passenger front	Passenger back	Driver front	Driver back	Other
How fast was the impact	Not sure	Slow (0-10 mph)	Medium 10-30 mph	Fast 30-50	Very fast over 50 mph	Exact mph		Other detail	
After the initial impact: (circle all that apply)	No other impacts, came to stop	Knocked into car in front	Hit again from behind	Hit by another vehicle	Left the road	Struck a barrier	Spun	Turned over	Struck a: hedge lamppost bollard fence wall barrier other
I was wearing my seatbelt:	YES	NO – if no why not?							
At the point of impact, I was looking	forward	Down	Right	Left	Behind	Can't remember	Other		
Items of safety in the car – circle all that apply	headrest	Airbag that did NOT deploy		Airbag that DID deploy		Child seat	Booster Seat	Other	
At the point of impact I was:	Thrown forward	Thrown forward and then back	Forward/back several times	Forward and left	Forward and right	Left only	Right only	Back only	Other
Did you see the impact?	No, and not prepared		Moment's before impact		Before impact and prepared		Other		
After the impact	I got out without assistance		I got out with assistance		Remained in the vehicle		Was cut free		Other
After details exchanged etc? I went:	Home in the same vehicle	Continued my journey in the same vehicle	The vehicle was towed, and I was given a lift home	The vehicle was towed, and I was given a lift to work	I was taken in an ambulance to hospital	I went to a medical facility (hospital/walk-in-centre) not in an ambulance		Other	

## PHYSICAL INJURIES

PLEASE NOTE PAIN IS RATED 1-10, where 10 is the most serious possible. Zero is no pain, 10 may be thought of "like a heart attack or life threatening pain".

Part of Body	Pain	Cuts/Abrasions	Bruises	Fractures/Break	Scarring	Onset after accident	Pain Score 1-10 at onset	Time till gone/healed	Pain Score now (if ongoing)
<b>Example:</b> Elbow	✓	X	✓	X	X	1 day	7	2 months	none
1.									
2.									
3.									
4.									
5.									
6.									

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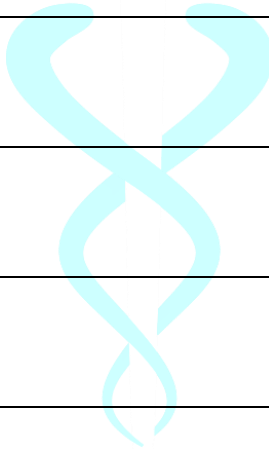
## PSYCHOLOGICAL INJURIES

Description of Effect	Onset after accident	Severity Mild, Moderate or Severe	Has it Resolved?	How Long till it resolved	Still Affecting? If so, is it mild/mod/severe?	Any previous similar problem?
<b>Example:</b> FEAR OF DRIVING	immediate	Moderate	Yes	3 months	None	No
1.						
2.						
3.						
4.						

Examples that may happen include: fear of driving, fear as a passenger, nightmares, flashbacks, anxiety, depression, sleep disturbance, others.

## TREATMENT RECEIVED

Medication/Treatment	Start of treatment	Duration Taken?	Currently Used	Number of appointments
<b>Example:</b> Ibuprofen	immediate	3 weeks	no	
Example: Physiotherapy/CBT psychological therapy	3 weeks after	6 weeks	no	6
1.				
2.				
3.				
4.				
5.				



## PAST ACCIDENTS

Accident Date/Year	Driver/Passenger/other	Injured?	Recovered?	If recovered, how long did it take?	If not recovered how bad was it before the new accident 1-10?
<b>Example:</b> 2005	driver	Yes, neck	yes	<b>3 months</b>	<b>Not applicable</b>
Example: 2020	passenger	Yes, back	no	Not applicable	3 out of 10
1.					
2.					
3.					
4.					
5.					

## RELATED PAST MEDICAL HISTORY

Condition	Start/Onset (date/year)	Treatment(s)	Recovered?	If recovered, when did it go?	If not recovered how bad was it before the index accident 1-10?
<b>Example:</b> Back Pain	2016	Ibuprofen and physio	yes	<b>2018</b>	<b>Not applicable</b>
Example: Knee pain	2018	Physio, ultrasound, pain killers	no	Not applicable	3 out of 10
1.					
2.					
3.					
4.					
5.					

## EMPLOYMENT/DOMESTIC/SOCIAL EFFECTS

Work	Education	Caring	Time Off (completely unable to engage in usual activity)	Time affected/change of activity (able to do some but not as usual)	Usual time/days per week
<i>Example: Secretary</i>	<i>Not applicable</i>	<i>Not applicable</i>	<i>2 weeks</i>	<i>Ongoing working from home</i>	<i>3 days/week</i>
<i>Example:</i>	<i>Part time open university course</i>	<i>Not applicable</i>	<i>Ongoing</i>	<i>Not applicable</i>	<i>4 hour/week</i>
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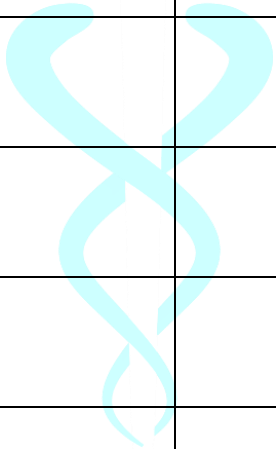


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Work	Education	Caring	Time Off (completely unable to engage in usual activity)	Time affected/change of activity (able to do some but not as usual)	Usual time/days per week
6.					
7.					
8.					
9.					
10.					
11.					
12.					

**EXAMINATIONS FINDINGS – DR ONLY TO COMPLETE**

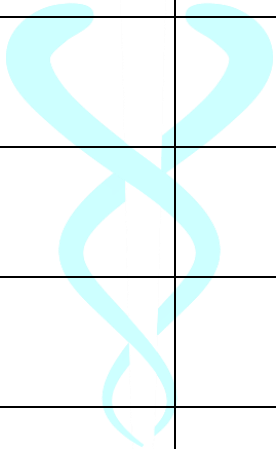
INJURY	INSPECTION	PALPATION	MOVEMENT	PSYCHOLOGICAL	PROGNOSIS
1.					
2.					
3.					
4.					
5.					
7.					
8.					



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1.					
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