



MVA Intake Form

Name: _____ Gender: _____ Date of Birth: _____

Auto Insurance Company and Claim#: _____

1. **Date of accident:** _____
2. **Time of the accident:** _____
3. **Where did the accident occur? City/County/General Area:** _____ **State:** _____
4. **Vehicle driven by you?** (please check the space before your car type)
__sports car __coupe __sedan __SUV __station wagon __pick-up truck __truck __van
__ other (please specify)_____
5. **Your vehicle's size:** __compact __full size __light mid-size __mini __sub compact __semi
6. **Your position in the vehicle:** __driver __front, middle passenger __front, right passenger
__back, left passenger __back, middle passenger __back, right passenger
__you are the pedestrian who was hit (please provide details at question #16.)
7. **Action of your vehicle:** __crossing an intersection __stopped at an intersection
__stopped for a pedestrian __stopped in traffic __traveling at posted speed limit
__traveling faster than posted speed limit __traveling slower than posted speed limit
__turning right __turning left __heading north __heading south __heading east __heading west
__heading northeast __heading northwest __heading southeast __heading southwest
8. **What happened?** __was hit head-on __was hit on the left front __was hit on the right front
__was hit on the left rear __was hit on the right rear __was rear-ended
__was sideswiped on the left __was sideswiped on the right __hit the car head-on
__hit the car on the left front __hit the car on the right front __hit the car on the left rear
__hit the car on the right rear __rear-ended the car __sideswiped the car on the left
__sideswiped the car on the right __none of above, then please provide details at question #16.
9. **Amount of damage to your vehicle:** __complete damage __extensive damage
__minimal damage __moderate damage __extensive damage outside, moderate damage inside
__moderate damage outside, minimal damage inside
__minimal damage outside, moderate damage inside
10. **Describe the size of the other vehicle(s):** __compact __full-sized __mid-sized __sub-compact
__semi-trailer __light truck __pick-up truck __SUV __mini-van __van

11. **What was the approximate speed at the time of impact:**

Your vehicle: ____ mph Other vehicle: ____ mph

12. **What was the *weather* like at the time of the accident:** clear cloudy drizzling foggy
rainy snowing stormy sunny

13. **What was the *road* like at the time of the accident:** damp dry dry with icy patches
iced over snowed over wet

14. **What was *visibility* like at the time of the accident:** fair good poor

15. **All the following questions under #15 are regarding the moment of impact. Please provide the details.**

- **Body position at impact:** leaning forward slouched down in the seat sitting straight
turned to the left/right (circle or highlight one) holding onto the steering wheel
other (please describe) _
- **Do you have the strait on?** yes no
If yes, what is the type of passive strait? a lap belt a shoulder belt a shoulder-lap belt
- **Vehicle was pushed** forward backward sideway
- **Direction body was thrown** to left to right backward then forward forward then backward
other (please describe)
- **Head position at impact** straight turned right turned left other (please describe)
- **Direction head was thrown** forward then backward backward then forward
- **Position of head rests** in the low/middle/high position(circle or highlight one) not installed
Did your head ride over the headrest? yes no
- **Did the vehicle go into a spin or roll as a result of the impact?** yes no
- **Were brakes being applied?** yes no
- **Did the airbags deploy?** yes no
- **Was your ankle turned?** yes no
- **Did you hit anything inside the vehicle?** yes no
If yes, what did you hit? What part of your body hit it? Please provide details:

16. **Please provide additional information regarding this accident, as much as you can, which is not covered above:**

17. **Medical history regarding above accident:**

- **Did you have open injury, fracture or bleeding from the accident?** __yes __no

If yes, please provide details:

- **Did you have below symptoms after the impact? Please check.**

__loss of consciousness __dizziness __nausea __vomiting __headaches __neck pain __back pain
__others:

- **If you have any above symptoms or conditions, when did they start?**

- **Did you go to an emergency room (ER) after the accident?** __yes __no

If yes, how? Please also provide the details regarding the ER care such as exam, diagnosis and treatment.

- **Have you received any other medical treatment for the accident?** __yes __no

If yes, please specify:

I assign directly to Summit Health & Wellness Center (DBA: Acupuncture & Chiropractic Integrative Clinic) all insurance benefits under my auto insurance policy and/or the settlement with responsible party for my medical treatment, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor(s) to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.



Patient's Name (PLEASE PRINT)

Patient's or Responsible Party's Signature

Date

If signed by Responsible Party, please provide below information:

Name (PLEASE PRINT)

Relationship to patient

Witness

Auto Accident Claim Information

Patient's Name:

Contact Phone #:

Date of Accident:

Your Insurance Information

The other Party's Information

Insurance's Name:

Insurance's Name:

Insured Person's Name:

Insured Person's Name:

Policy ID #:

Policy ID #:

Claim #:

Claim #:

Adjustor Name:

Adjustor Name:

Contact Phone #:

Contact Phone #:

Benefits Details:

Benefits Details:

Who is responsible for medical bills? _____

Billing Address:

Attorney's Information:

Name:

Contact:

Information of Family Doctor or other Healthcare Provider involving in this case

Clinic's name:

Doctor's Name:

Contact Phone:

Referral:

Notes: