

PEDIATRIC HISTORY – AUTO ACCIDENT

Today's date: ___/___/___

Child's name: _____ Sex: M F DOB: ___/___/___ AGE: ___

ABOUT THE ACCIDENT

Date of the accident: ___/___/___ Time of day: ___ AM / PM Road condition: _____

Location of accident: _____

- Direction of the impact Front end Rear end Left side Right side Rollover
- Did the coalition involve Another vehicle Another object
- Non collision injury Near miss Spin out Sudden stop
- Childs position in vehicle Front right Front left Front center
- Rear right Rear left Rear center
- Car seat type Regular seat Infant seat Booster seat Facing front Facing rear
- Was child wearing seat belt? No Yes Lap/Sash Lap only Harness
- At time of accident child was: Facing front Facing right Facing left Asleep Other
- Were head rests fitted? No Yes
- Did the air bags inflate? No Yes
- Was child struck by air bag? No Yes
- Did the child strike any objects within the vehicle? No Yes
- Speed of your vehicle: ___ mph Speed of the other vehicle: ___ mph
- Make and model of your vehicle: _____
- Make and model of the other vehicle: _____

Was a police report filed? No Yes

Describe the accident: _____

ABOUT THE CHILD'S INJURIES:

Child has no apparent symptoms

Please describe any apparent symptoms: _____

Do you have any other concerns about your child's condition? _____

Has the child previously been examined or treated since the accident? No Yes _____

Name of hospital or treating doctor: _____ Date: _____

Were x-rays taken? No Yes _____

Describe any treatment already received: _____

Is the child's condition: Getting better Getting worse Constant Intermittent

When did the symptoms start? Immediately Later that day Next day Days later

DOES THE CHILD COMPLAIN/DEMONSTRATE ANY OF THE FOLLOWING?

- Pain or soreness Joint ache or stiffness Limited or painful motion Headaches
- Neck pain Dizziness Difficulty sleeping Irritability or fatigue
- Chest pain Abdominal pain Nausea Back pain
- Leg pain Arm pain Loss of appetite Hyperactivity

ABOUT YOUR MOTOR VEHICLE INSURANCE COVERAGE:

Name of your auto insurance company: _____

Claims agent: _____ Office location: _____

Policy number: _____ Claim number: _____

Signed by: _____ Relationship to Child: _____

