

# HEALTHY LIVING

CHIROPRACTIC & WELLNESS CENTER

KATANAH GROSSMAN, DC, CCSP®  
10001 SE SUNNYSIDE ROAD, SUITE 220, CLACKAMAS, OR 97015  
P: 503.908.0881 F: 503.908.0891

## PERSONAL INJURY PATIENT HISTORY

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

1. Was the accident on the job?  Yes  No
2. Date and time of the accident: \_\_\_\_\_
3. Time of day:  Daylight  Dawn  Dusk  Dark
4. Type of your vehicle:  Car  Pick-up  Van  Other: \_\_\_\_\_
5. You were:  Driver  Front passenger  Rear passenger  Other: \_\_\_\_\_
6. Your vehicle was:  Stopped  Cruising  Accelerating  Slowing down
7. Road conditions:  Dry  Damp  Wet  Ice  
 Snow  Other: \_\_\_\_\_
8. Head restrains:  None  Integral  Adjust up  Adjust down
9. If adjustable, was the position altered by the crash?  Yes  No
10. Seat belt:  Lap  Shoulder  Not wearing  Don't know
11. Did the air bag deploy?  Yes  No Were you struck by it?  Yes  No
12. Hands:  Two on the wheel  One on the wheel  Other: \_\_\_\_\_
13. Type of other vehicle:  Car  Pick-up  Van  Other: \_\_\_\_\_
14. Did your vehicle strike any other objects?  Yes  No
15. Aware of impending crash?  Yes  No Brakes applied?  Yes  No
16. Did you strike any objects after the crash?  Yes  No Describe: \_\_\_\_\_
17. Did you lose consciousness?  Yes  No After crash?  Yes  No
18. Estimated damage to your vehicle? \$ \_\_\_\_\_ Estimated damage to other vehicle? \$ \_\_\_\_\_
19. Wearing hat or glasses?  Yes  No Police on the scene?  Yes  No
20. Symptoms after crash & when they appeared?: \_\_\_\_\_
21. Where did you go after the accident? \_\_\_\_\_
22. In an ambulance?  Yes  No If no, what mode of transportation? \_\_\_\_\_
23. Any passengers injured?  Yes  No Who? \_\_\_\_\_

24. Crash diagram:

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## ACCIDENT INFORMATION FORM

Patient's Name \_\_\_\_\_ DOB: \_\_\_\_\_ Date of Accident \_\_\_\_\_

### Your Insurance Information

Name of Policy Holder \_\_\_\_\_

Policy Holder's Insurance Company \_\_\_\_\_

Insurance Company Address \_\_\_\_\_

Insurance Company Phone # \_\_\_\_\_ Agent/Claims Contact \_\_\_\_\_

Policy Number \_\_\_\_\_ Claim Number \_\_\_\_\_

### Attorney Information

Attorney Name and Phone Number \_\_\_\_\_

Attorney Address \_\_\_\_\_

THIS FORM MUST BE COMPLETED AND RETURNED TO HLC&WC WITHIN 72 HOURS OF YOUR FIRST VISIT. ALSO, AN APPLICATION FOR MEDICAL BENEFITS MUST BE FILLED OUT AND FILED WITH YOUR INSURANCE COMPANY TO ACTIVATE A CLAIM.

### Release of Information and Assignment of Benefits

I authorize Healthy Living Chiropractic and Wellness Center to release my records in order to obtain payment on my account for services provided to me. I authorize payment for such services to be paid directly to Healthy Living Chiropractic and Wellness Center. I understand that I am financially responsible for any charges not paid by my insurance carrier or attorney. If I do not file a completed application for medical benefits form with my insurance company, I understand that I will be required to pay cash at the time of service for all care.

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Signature

Date

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## NECK DISABILITY INDEX QUESTIONNAIRE

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_ Score: \_\_\_\_\_

PLEASE READ: This questionnaire is designed to enable us to understand how much your neck pain has affected your ability to manage your everyday activities. Please answer each section by circling the ONE CHOICE that most applies to you. We realize that you may feel that more than one statement may relate to you, but PLEASE JUST CIRCLE THE ONE CHOICE THAT MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.

<p><b>SECTION 1 – Pain Intensity</b></p> <p>A. I have no pain at the moment.          B. The pain is very mild at the moment.          C. The pain is moderate at the moment.          D. The pain is fairly severe at the moment.          E. The pain is very severe at the moment.          F. The pain is the worst imaginable at the moment.</p>	<p><b>SECTION 6 – Concentration</b></p> <p>A. I can concentrate fully when I want to with no difficulty.          B. I can concentrate fully when I want to with slight difficulty.          C. I have a fair degree of difficulty in concentrating when I want to.          D. I have a lot of difficulty in concentrating when I want to.          E. I have a great deal of difficulty in concentrating when I want to.          F. I cannot concentrate at all.</p>
<p><b>SECTION 2 – Personal Care (Washing, Dressing, etc.)</b></p> <p>A. I can look after myself normally without causing extra pain.          B. I can look after myself normally, but it causes extra pain.          C. It is painful to look after myself and I am slow and careful.          D. I need some help, but manage most of my personal care.          E. I need help every day in most aspects of self-care.          F. I do not get dressed, I wash with difficulty and stay in bed.</p>	<p><b>SECTION 7 – Work</b></p> <p>A. I can do as much work as I want to.          B. I can only do my usual work, but no more.          C. I can do most of my usual work, but no more.          D. I cannot do my usual work.          E. I can hardly do any work at all.          F. I cannot do any work at all.</p>
<p><b>SECTION 3 – Lifting</b></p> <p>A. I can lift heavy weights without extra pain.          B. I can lift heavy weights, but it gives extra pain.          C. Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example, on a table.          D. Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.          E. I can lift very light weights.          F. I cannot lift or carry anything at all.</p>	<p><b>SECTION 8 – Driving</b></p> <p>A. I can drive my car without any neck pain.          B. I can drive my car as long as I want with slight pain in my neck.          C. I can drive my car as long as I want with moderate pain in my neck.          D. I cannot drive my car as long as I want because of moderate pain in my neck.          E. I can hardly drive at all because of severe pain in my neck.          F. I cannot drive my car at all.</p>
<p><b>SECTION 4 – Reading</b></p> <p>A. I can read as much as I want to with no pain in my neck.          B. I can read as much as I want to with slight pain in my neck.          C. I can read as much as I want to with moderate pain in my neck.          D. I cannot read as much as I want because of moderate pain in my neck.          E. I cannot read as much as I want because of severe pain in my neck.          F. I cannot read at all.</p>	<p><b>SECTION 9 – Sleeping</b></p> <p>A. I have no trouble sleeping.          B. My sleep is slightly disturbed (less than 1 hour sleepless).          C. My sleep is mildly disturbed (1-2 hours sleepless).          D. My sleep is moderately disturbed (2-3 hours sleepless).          E. My sleep is greatly disturbed (3-4 hours sleepless).          F. My sleep is completely disturbed (5-7 hours).</p>
<p><b>SECTION 5 – Headaches</b></p> <p>A. I have no headaches at all.          B. I have slight headaches which come infrequently.          C. I have moderate headaches which come infrequently.          D. I have moderate headaches which come frequently.          E. I have severe headaches which come frequently.          F. I have headaches almost all the time.</p>	<p><b>SECTION 10 – Recreation</b></p> <p>A. I am able to engage in all of my recreational activities with no neck pain at all.          B. I am able to engage in all of my recreational activities with some pain in my neck.          C. I am able to engage in most, but not all of my recreational activities because of pain in my neck.          D. I am able to engage in a few of my recreational activities because of pain in my neck.          E. I can hardly do any recreational activities because of pain in my neck.          F. I cannot do any recreational activities at all.</p>

COMMENTS: \_\_\_\_\_  
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## OSWESTRY DISABILITY INDEX 2.0

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_ Score: \_\_\_\_\_

PLEASE READ: Could you please complete this questionnaire. It is designed to give us information as to how your back (or leg) trouble has affected your ability to manage in everyday life.

Please answer *every section*. Mark **one box only** in each section that most closely describes you *today*.

<p>SECTION 1 – Pain Intensity</p> <p>A. I have no pain at the moment.          B. The pain is very mild at the moment.          C. The pain is moderate at the moment.          D. The pain is fairly severe at the moment.          E. The pain is very severe at the moment.          F. The pain is the worst imaginable at the moment.</p>	<p>SECTION 6 – Standing</p> <p>A. I can stand as long as I want without extra pain.          B. I can stand as long as I want but it gives me extra pain.          C. Pain prevents me from standing for more than 1 hour.          D. Pain prevents me from standing for more than ½ hour.          E. Pain prevents me from standing for more than 10 minutes.          F. Pain prevents me from standing at all.</p>
<p>SECTION 2 – Personal Care (Washing, Dressing, etc.)</p> <p>A. I can look after myself normally without causing extra pain.          B. I can look after myself normally, but it causes extra pain.          C. It is painful to look after myself and I am slow and careful.          D. I need some help, but manage most of my personal care.          E. I need help every day in most aspects of self-care.          F. I do not get dressed, I wash with difficulty and stay in bed.</p>	<p>SECTION 7 – Sleeping</p> <p>A. My sleep is never disturbed by pain.          B. My sleep is occasionally disturbed by pain.          C. Because of pain I have less than 6 hours’ sleep.          D. Because of pain I have less than 4 hours’ sleep.          E. Because of pain I have less than 2 hours’ sleep.          F. Pain prevents me from sleeping at all.</p>
<p>SECTION 3 – Lifting</p> <p>A. I can lift heavy weights without extra pain.          B. I can lift heavy weights, but it causes extra pain.          C. Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example, on a table.          D. Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.          E. I can only lift very light weights, at the most.          F. I cannot lift or carry anything at all.</p>	<p>SECTION 8 – Sex Life (if applicable)</p> <p>A. My sex life is normal and causes me no extra pain.          B. My sex life is normal, but causes some extra pain.          C. My sex life is nearly normal but is very painful.          D. My sex life is severely restricted by pain.          E. My sex life is nearly absent because of pain.          F. Pain prevents any sex life at all.</p>
<p>SECTION 4 – Walking</p> <p>A. Pain does not prevent me from walking any distance.          B. Pain prevents me from walking more than one mile.          C. Pain prevents me from walking more than ¼ mile.          D. Pain prevents me from walking more than 100 yards.          E. I can only walk while using a stick or crutches.          F. I am in bed most of the time and have to crawl to the toilet.</p>	<p>SECTION 9 – Social Life</p> <p>A. My social life is normal and causes me no extra pain.          B. My social life is normal, but increases the degree of pain.          C. Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g., sport, etc.          D. Pain has restricted my social life and I do not go out as often.          E. Pain has restricted my social life to my home.          F. I have no social life because of the pain.</p>
<p>SECTION 5 – Sitting</p> <p>A. I can sit in any chair as long as I like.          B. I can only sit in my favorite chair as long as I like.          C. Pain prevents me from sitting more than 1 hour.          D. Pain prevents me from sitting more than ½ hour.          E. Pain prevents me from sitting more than 10 minutes.          F. Pain prevents me from sitting at all.</p>	<p>SECTION 10 – Traveling</p> <p>A. I can travel anywhere without pain.          B. I can travel anywhere but gives extra pain.          C. Pain is bad but I manage journeys over 2 hours.          D. Pain restricts me to journeys of less than 1 hour.          E. Pain restricts me to short necessary journeys under 30 minutes.          F. Pain prevents me from traveling except to receive treatment.</p>

COMMENTS: \_\_\_\_\_  
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