ez rehab
physical therapy, inc.

591 Redwood Hwy, Suite 2235
Mill Valley, CA 94941
T. (415) 381-9030 F. (415) 381-9040
www.ezrehab.com
patientservices@ezrehab.com

ACCIDENT QUESTIONNAIRE

Date: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Name (please print): _____

Date of injury: _____ Type of Injury: _____

Describe how the injury occurred: _____

_____

Responsible party for the accident: _____

Did you report the accident to your Insurance Company? [ ] Yes [ ] No If Yes, provide Insurance Co. information:

Provide name of Insurance Company: _____ Claim Number: _____

Claim Address: _____

Adjustor's Name: _____ Email: _____

Phone: _____ Fax: _____

Did you report the accident to an attorney? [ ] Yes [ ] No If yes, provide attorney's information:

Attorney's Name: _____ Email: _____

Address: _____

Phone: _____ Fax: _____

FOR AUTO ACCIDENTS ONLY:

Do you have Med Pay? [ ] Yes [ ] No If Yes, please indicate amount of funds left: _____

Other Driver's Name: _____

Other Driver's Insurance: _____

Other Driver's Phone Number: _____

ADDITIONAL INFORMATION:

_____

_____

Patient's Signature (Guardian, if minor): _____ Date:_____