Advanced Chiropractic Wellness Center, LLC. 16 Lincoln Ave., Pawcatuck, CT., 06379
P) 860.599.2223 | F) 888.588.1538

If this is a Work Injury related injury please answer…

Employer: Address:

Date of accident: Time of Accident: Location of injury:

Did you report the accident (Y / N) Name of Supervisor:

Where you hospitalized? (Y / N) If so, where?:

Describe the injury:

Comp claim # Adjustor's name: Comp Carrier:

Phone: Fax: e-mail:

Mailing address:

Do you have an attorney for this accident, (Y / N) and if yes who?

If this is a Auto Accident or Personal Injury case please fill answer…

Date of injury: Time of injury: Location:

Was a report made by you or any other persons involved?

Were you examined at the scene of the injury?

Were you examined at the hospital?

Describe what happened:

Claim # Adjustor's name: Your insurance company:

Other accident party's insurance company?

Address: phone:

Do you have an attorney for this accident, (Y / N) and if yes who?

I authorize my auto carrier, employer, and/or attorney to provide this office with any information necessary for my treatment, or for billing/payment purposes.

Signed_____ Date:_____