



PHYSICAL THERAPY PROFESSIONAL CENTER, INC.

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AUTOMOBILE ACCIDENT QUESTIONNAIRE

Name: _____

Give time and date present injury occurred: _____

You were: Driver Passenger Front Seat Back Seat Using seat belts

Please briefly explain the main details of your accident: _____

Were police notified? Yes No

Name of your car insurance: _____

Name of your adjuster: _____

Phone# _____ Claim# _____

Have you retained an attorney? Yes No

Attorney's name: _____ Phone# _____

Address: _____

Where were you taken after the accident (hospital, emergency room, etc.)?

Was any doctor consulted after your accident? Yes No

If yes, give doctor(s) name and phone# _____

Signature: _____

Date: ____ / ____ / ____