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MediSan Health

Dr. Sandeep Sawhney, MD, CCFP
Dr. Sandeep Lochub, MD, CCFP
Dr. Navdeep Uppal, MD, CCFP
Dr. Sujatha Nilavar, MD, CCFP

www.medisanhealth.com

INITIAL MVA QUESTIONNAIRE

Name of Patient:_____ Today's Date: _____

Date of Birth:_____ Age: _____ Gender: _____ Male _____Female_____

Height:_____ Weight:_____ ICBC Claim #:_____

Date of Accident:_____ Time of Accident:_____

Intersection (Street) of Accident:_____ City of Accident:_____

Make / Model / Year of vehicle you were in:_____

Were you the driver, passenger, pedestrian?
Where were you seated?
Were you wearing your seat belt?

How did the accident happen?

Did you lose consciousness at any time after the accident?

Were you confused after the accident? How long did it last?

Were the air bags deployed in your car? In the other car?

Did your car sustain a lot of damage? How much? Was the car written off?

Did you hit your head on anything at the time of the accident?

What can you say about the impact of the accident? Did anything on your seat fly off?

If rear ended, was your car pushed ahead? How far?

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What type of therapy have you had since the MVA?

_____Chiropractic Therapy _____Massage Therapy _____Physiotherapy
_____Active Rehab Therapy (Kinesiologist) _____Other: _____None

Did you go to the emergency room (ER) after the accident?_____

Which of the following symptoms have you had since the motor vehicle accident?

_____Neck pain
_____Back pain
_____Shoulder pain - Right Left Both sides
_____Arm Pain
_____Elbow pain
_____Wrist Pain
_____Hand pain
_____Foot Pain
_____Knee pain - Right Left Both sides
_____Hip pain - Right Left Both sides
_____Leg Pain _____Right _____Left _____Both Sides
_____Jaw Pain
_____Tinnitus (ringing in the ear)
_____Headaches
_____Dizziness
_____Memory deficit (Forgetfulness)
_____Confusion
_____Unable to sleep (Insomnia)
_____Sciatica (Back pain shooting down into the leg)
_____Paresthesias (Numbness / tingling in the leg) Which leg?
_____Neck pain shooting down into the arm
_____Paresthesias (Numbness / tingling in the arm) Which arm?
_____Depression
_____Anxiety

_____Other: (Please list any other pain or symptom you have had or still have)

What makes your pain worse? (Bending, lifting, carrying, sitting, standing, etc)

Has the accident affected your personal life in any other way?

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SCHOOL/WORK:

Are you currently in school? Full or part time? What program and what school? When will you graduate?

Have the car accident injuries interfered with school? How? Will you now graduate later?

Were you working before the accident? Full or Part time? Where? What did you do?

Do you currently work? Full or part time? Where? What is your occupation?

Please describe in detail what you do for a living. What is your typical day like at work? Do you perform any heavy labor work? Heavy lifting?

Have you missed any time from work? How long? Give details. Did you go to work but worked less hours?

Did the car accident injuries interfere with your work in any way? How? Was your job modified to allow you to do it? Did the physical aspects of your job become less? Did your coworkers help you do your job? Did you miss out on overtime? Is your job different now than before the accident? How? What things, if any, do you still have trouble with?

CONSENT TO SHARING OF INFORMATION

I hereby authorize Dr _____ to submit to the Insurance Corporation of British Columbia (ICBC) the Report identified below ("Report"), which contains medical information related to a motor vehicle accident dated _____. I understand that the information contained in the Report can be used by ICBC in connection with my insurance claim.

☐ Standard Medical Report (CL489)
☐ Extended Medical Report (CL489A)
☐ Re-assessment, Report & RCA Referral (CL489B)

A photocopy or electronic version of this authorization is as valid as the original.
I have read and understood the contents of this document and I hereby consent to the sharing of the Report with ICBC, and the use of my medical information contained therein as indicated above.

_____
Signature

_____
Name *(please print)*

_____
Date: *(mm/dd/yyyy)*