

MADEIRA CHIROPRACTIC AND REHABILITATION

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PERSONAL AFFECTS QUESTIONNAIRE ②

We want to make sure and understand any of the personal consequences that this accident/collision has caused. Please complete and return to us at your convenience.

Patient Name: _____ Date: _____

Date of Injury: _____

The accident/collision has affected me physically as follows: _____

The accident/collision has affected me emotionally as follows: _____

The accident/collision has affected me financially as follows: _____

The accident/collision has affected my relationship with my family as follows: _____

The accident/collision has affected me at work as follows: _____

The accident/collision has affected my home activities as follows: _____

The accident/collision has affected my hobbies as follows: _____

Patient Signature: _____ Date: _____