

# History of Trauma

*Injury to the Head and/or Jaw*

**Have you ever been in a motor vehicle accident?** \_\_\_Y \_\_\_N

Date of accident: \_\_\_/\_\_\_/\_\_\_      Type of vehicle: \_\_\_\_\_      Seatbelt: \_\_\_On \_\_\_Off

Case Opened: \_\_\_Y \_\_\_N      Case # \_\_\_\_\_

Describe the accident:

Date of accident: \_\_\_/\_\_\_/\_\_\_      Type of vehicle: \_\_\_\_\_      Seatbelt: \_\_\_On \_\_\_Off

Case Opened: \_\_\_Y \_\_\_N      Case # \_\_\_\_\_

Describe the accident:

**Have you ever had any personal injuries to head or jaw (including but not limited to blows to face, falling, sport injury, etc.)?**

Date of accident: \_\_\_/\_\_\_/\_\_\_

Describe the accident:

Date of accident: \_\_\_/\_\_\_/\_\_\_

Describe the accident:

**Were you ever hurt while on the job?**

Date of accident: \_\_\_/\_\_\_/\_\_\_      Case opened: \_\_\_Y \_\_\_N      Case # \_\_\_\_\_

Describe the accident: