



Acupuncture and Herbal Medicine Healthcare
 Lei-Lei Wang, L. Ac
 37 Briars Circle, Princeton Jct. NJ 08550
 Telephone: (609) 759-0212 Fax: (206) 338-6597

Name: _____ Date: _____

Time _____

You have been asked by your insurance company to report this independent Acupuncture Evaluation because you are receiving or have received Acupuncture as part of your pain management therapy. Please complete this questionnaire to the best of your ability. The questions refer to the details of your accident, your injuries, disabilities and your pain management therapy.

- Your examiner may not evaluate any minor without a parent or guardian present.
- Your examiner may not discuss findings with you.
- Your examiner may not establish a doctor/patient relationship with you.
- Your examiner is required to make a photo copy of your photo ID.

Personal Identification:

Date of Birth: _____ Age: _____

Weight: _____ Height: _____ Hair Color: _____ Eye Color: _____

Gender: Male Female Dominant Hand: Right-Handed Left-Handed

Race: Asian Black Caucasian Hispanic Other (please specify) _____

History of Injuries:

Date of Accident: _____

Type of Claim: Automobile Accident Other (please specify) _____

Were you a: Driver Passenger – where were you seated: _____

Pedestrian Bicyclist Other (please specify) _____

Were you wearing a seat belt at the time of the accident? No Yes

Did the airbags deploy? No Yes Vehicle had no airbags

The vehicle you were in was struck from the: Front Rear Right side Left side

How did this accident happen (please give brief details)

At the point of accident:

a. Was any part of your body struck?

No

Yes (please describe) _____

b. Did you lose consciousness? No Yes (please describe) _____

c. Did you receive any cuts or lacerations?

No Yes (please describe) _____

d. Did you sustain any broken bones or fracture(s)?

No



Acupuncture and Herbal Medicine Healthcare
Lei-Lei Wang, L. Ac
37 Brians Circle, Princeton Jct. NJ 08550
Telephone: (609) 759-0212 Fax: (206) 338-6597

Name: _____ Date: _____

Yes (please describe) _____

Please list your injuries that occurred at the time of this accident

Did the police arrive to the scene? No Yes

Did an ambulance arrive to the scene? No Yes

Did an ambulance take you to an Emergency Room at the time of the accident?

No

Yes (where?) _____

Did you have X-rays at the ER?

No

Yes (please describe) _____

Were you given any medication at the ER?

No

Yes (please describe) _____

Were you given a prescription for medication at the ER?

No

Yes (please describe) _____

Medical History:

Do you suffer from any health conditions?

No

Yes (please describe) _____

Do you currently take any medication?

No

Yes (please describe) _____

Have you ever been injured in another accident?

No

Yes (please describe) _____

Were you treated for these injuries? No Yes

Are these injuries resolved? No Yes

Activities:

Are you a student? No Yes Are you currently employed? No Yes



Acupuncture and Herbal Medicine Healthcare
Lei-Lei Wang, L. Ac
37 Briars Circle, Princeton Jct. NJ 08550
Telephone: (609) 759-0212 Fax: (206) 338-6597

Name: _____ Date: _____

Occupation: _____ How long employed? _____

What are your duties? _____

Were you employed at the time of your accident? No Yes

Did you take any time off due to your injuries?

No

Yes How long? _____ Return to work date? _____

Did you return to: Similar duties Light duties

Current pain complaints (check all that apply):

Headache Neck Upper Back Low Back Right Shoulder Left Shoulder

Right Knee Left Knee Right Hand Left Hand Right Leg Left Leg

Other: (please describe) _____

Have you felt better since the accident? No Yes Somewhat

Treatment:

Are you currently receiving pain management therapy? No Yes

If yes, check all/any type(s) that apply:

Physical Therapy Chiropractic Orthopedic Acupuncture Massage

Other: (please describe) _____

How many times per week are you presently going to the therapy? _____

If you checked Acupuncture, what body parts are being treated? (Note: not where the needles were inserted but the pain areas that you were treated)

How long are the Acupuncture needles left in your body?

10 mins 15 mins 20 mins 25 mins 30 mins Other (please specify) _____

Thank you for your cooperation. Please be patient as you are required to have an evaluation by the examiner.

To be completed by the examiner:

Pulse: Right _____ Left _____

Tongue: _____ Palpation: _____

Notes: