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**TRAUMA QUESTIONNAIRE**

**PLEASE ANSWER ALL QUESTIONS**

**DO NOT WRITE IN THIS SPACE**

I. NAME \_\_\_\_\_ DATE \_\_\_\_\_

DATE OF TRAUMA: \_\_\_\_\_

WAS YOUR TRAUMA FROM:  
AUTO ACCIDENT? \_\_\_\_\_ FIGHT? \_\_\_\_\_  
OTHER? \_\_\_\_\_

HOW DID THE TRAUMA HAPPEN? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

II. MAKE OF YOUR CAR? \_\_\_\_\_ OTHER VEHICLE? \_\_\_\_\_  
SPEED OF YOUR CAR? \_\_\_\_\_ OTHER VEHICLE? \_\_\_\_\_

WERE YOU THE DRIVER? \_\_\_\_\_  
PASSENGER FRONT SEAT? \_\_\_\_\_ BACK SEAT? \_\_\_\_\_  
OTHER? \_\_\_\_\_

WERE YOU WEARING A SEAT BELT? \_\_\_\_\_  
SHOULDER STRAP? \_\_\_\_\_  
DID YOU HAVE A HEADREST? \_\_\_\_\_ AIR BAG? \_\_\_\_\_

WHAT DID YOU STRIKE: WINDSHIELD? \_\_\_\_\_  
STEERING WHEEL? \_\_\_\_\_ DASHBOARD? \_\_\_\_\_  
OTHER? \_\_\_\_\_

III. DURING THE TRAUMA DID YOU STRIKE YOUR:  
SKULL? \_\_\_\_\_ FACE AROUND NOSE? \_\_\_\_\_  
LOWER JAW? \_\_\_\_\_ NECK? \_\_\_\_\_ CHEST? \_\_\_\_\_

DID YOU HAVE WHIPLASH? \_\_\_\_\_

DID YOU HAVE CUTS? \_\_\_\_\_ ABRASIONS? \_\_\_\_\_  
BRUISES? \_\_\_\_\_  
BLEEDING FROM MOUTH? \_\_\_\_\_  
BLEEDING FROM NOSE? \_\_\_\_\_  
BLEEDING FROM EARS? \_\_\_\_\_

IV. WERE YOU KNOCKED OUT:  
SECONDS? \_\_\_\_\_ MINUTES? \_\_\_\_\_  
HOURS? \_\_\_\_\_ DAYS? \_\_\_\_\_  
WHAT IS YOUR FIRST MEMORY AFTER THE TRAUMA?  
\_\_\_\_\_  
\_\_\_\_\_

TRAUMA QUESTIONNAIRE PAGE 2

YOUR NAME \_\_\_\_\_

DO NOT WRITE IN THIS SPACE

V. IMMEDIATELY AFTER THE TRAUMA, WERE YOU SEEN AND TREATED AT AN:

EMERGENCY ROOM? \_\_\_\_\_

NAME

DOCTOR'S OFFICE? \_\_\_\_\_

NAME

OTHER? \_\_\_\_\_

NAME

WHEN WERE YOU FIRST SEEN FOR EVALUATION AFTER THE TRAUMA? \_\_\_\_\_

VI. DID YOU HAVE X-RAYS OF SKULL? \_\_\_\_\_  
FACE? \_\_\_\_\_ NECK? \_\_\_\_\_ OTHER? \_\_\_\_\_  
DID YOU HAVE A CT SCAN? \_\_\_\_\_  
DID YOU HAVE AN MRI SCAN? \_\_\_\_\_  
OTHER TESTS? \_\_\_\_\_

VII. WHERE DID YOU FIRST HURT? \_\_\_\_\_  
WHEN DID YOU FIRST NOTICE:  
HEADACHE? \_\_\_\_\_ NECK PAIN? \_\_\_\_\_  
JAW PAIN? \_\_\_\_\_ EAR PAIN? \_\_\_\_\_  
JAW JOINT NOISES? \_\_\_\_\_

BEFORE THE TRAUMA, HAD YOU EVER NOTICED:  
HEADACHE? \_\_\_\_\_ NECK PAIN? \_\_\_\_\_  
JAW PAIN? \_\_\_\_\_ EAR PAIN? \_\_\_\_\_  
JAW JOINT NOISES? \_\_\_\_\_  
PAIN WITH CHEWING? \_\_\_\_\_  
JAW LOCKING? \_\_\_\_\_

VIII. BEFORE THIS TRAUMA, HAD YOU EVER RECEIVED ANY OTHER INJURY: FACE? \_\_\_\_\_  
HEAD? \_\_\_\_\_ NECK? \_\_\_\_\_  
WHAT TYPE? \_\_\_\_\_

OTHER CAR ACCIDENTS? \_\_\_\_\_ WHEN? \_\_\_\_\_

IX. LIST ALL DOCTORS WHO HAVE TREATED YOU FOR THIS TRAUMA AND EXPLAIN WHAT THEY HAVE DONE:

EMERGENCY PHYSICIAN: \_\_\_\_\_

\_\_\_\_\_

**TRAUMA QUESTIONNAIRE PAGE 3**

YOUR NAME _____	
FAMILY DOCTOR: _____ _____	CHIROPRACTOR: _____ _____
DENTIST: _____ _____	PSYCHOLOGIST/PSYCHIATRIST: _____ _____
ORAL SURGEON: _____ _____	PHYSICAL THERAPIST: _____ _____
ORTHOPEDIC SURGEON: _____ _____	OTHER: _____ _____
NEUROLOGIST: _____ _____	OTHER: _____ _____
NEUROSURGEON: _____ _____ _____	OTHER: _____ _____ _____
<b>DO NOT WRITE IN THIS SPACE</b>	
X. WHO DO YOU FEEL IS AT FAULT FOR YOUR TRAUMA? _____ EXPLAIN: _____ _____	
XI. IS YOUR PAIN GETTING: WORSE? _____ BETTER? _____ REMAINS UNCHANGED? _____ OVER WHAT TIME PERIOD? _____ DO YOU EXPECT THAT YOUR PAIN WILL GET: WORSE? _____ BETTER? _____ REMAIN UNCHANGED? _____	
XII. YOUR ATTORNEY'S NAME: _____  DO YOU EXPECT TO FILE A LAWSUIT? _____ AGAINST WHOM? _____ WHEN? _____	
XIII. HAVE YOU EVER PREVIOUSLY SUED OR THREATENED TO SUE:   PHYSICIAN? _____ DENTIST? _____ EMERGENCY ROOM? _____ HOSPITAL? _____ PLEASE EXPLAIN? _____ _____ _____	
XIV. I HAVE COMPLETED THE ABOVE TO THE BEST OF MY KNOWLEDGE AND I PERSONALLY HAVE FILLED IN EACH BLANK IN MY OWN WRITING.  SIGNATURE _____  DATE _____	