



ADVANCED
SPINE & POSTURE

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GENERAL INJURY

Your Name: _____ Today's Date: __ / __ / ____

Date of Injury: __ / __ / ____ Time of Injury: ____ : ____ (circle one) AM PM

Where were you when this happened? _____

Surface conditions at the time of your injury (Circle One): WET DRY ICY OTHER

Did security or another employee arrive at the scene of your injury (Circle One)? YES NO

Is there a report (Circle One)? YES NO Did you request the report (Circle One)? YES NO

Did you go to the hospital (Circle One)? YES NO If yes, what hospital? _____

How did you get to the hospital/ who transported you (Circle One)? AMBULANCE SELF SPOUSE FRIEND

What parts of your body were x-rayed at the hospital? _____

What did the hospital do for your injuries? _____

If yes, how long did you stay at the hospital? _____

Did you sustain cuts or bleed as a result of this injury? _____

Did you sustain bruises from this injury (Circle One)? YES NO

Were you off work as a result of your injuries (Circle One)? YES NO If yes, from _____ to _____

What type of physical effort is required in your line of work? _____

Does your work aggravate your pain (Circle One)? YES NO SOMEWHAT

Please describe, to the best of your knowledge, what happened during this injury:

Patient Signature: _____ Date: __ / __ / ____