

Pre-MVA Visit Questionnaire

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Please print and complete this Pre-MVA Visit Questionnaire and bring with you to your appointment.

Patient First Name: _____ **Patient Last Name:** _____

Date of Accident: _____

You were: the driver a passenger a pedestrian
 other – please specify: _____

If you were a passenger, you were sitting in:

front back-left back-right

Did you have a seatbelt on? Yes No Not applicable (pedestrian/other)

Did the airbag deploy? Yes No Not applicable (pedestrian/other)

Briefly describe how the accident happened: _____

Did an ambulance take you to a hospital? Yes No

How did you feel after the impact? _____

Have you missed work? Yes No

