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Chronic Pain Management
(MSP, expedited WCB, ICBC and
private consultations)

Cortisone injections:
Epidural Steroid Injections (Back or Neck)
Knee or Hip or shoulder joints

Baker's cyst
Trigger points/myofascial
Carpal Tunnel
Tennis elbow
Botox/migraine

Motor Vehicle Accident (MVA) Questionnaire

NAME _____
LAST FIRST MIDDLE

DATE OF BIRTH (DD/MM/YYYY) _____ PERSONAL HEALTH NUMBER _____

DATE OF ACCIDENT (DD/MM/YYYY) _____

YOU WERE (please circle): THE DRIVER PASSENGER PEDESTRIAN OTHER: _____

IF YOU WERE THE PASSENGER, YOU WERE SITTING IN: FRONT BACK LEFT RIGHT

DID YOU HAVE A SEATBELT ON? YES NO

YOUR VEHICLE TYPE: MAKE (eg. Honda) _____ MODEL (eg. Civic) _____

OTHER VEHICLE IN COLLISION: MAKE _____ MODEL _____

THE ACCIDENT HAPPENED AT (STREET/INTERSECTION) _____

PLEASE BRIEFLY DESCRIBE HOW THE ACCIDENT HAPPENED:

DID AN AMBULANCE TAKE YOU TO A HOSPITAL? YES NO

DID YOU CONTINUE TO DRIVE TO YOUR DESTINATION AFTER THE ACCIDENT? YES NO

WHEN DID YOU SEEK MEDICAL TREATMENT? _____

IS YOUR CASE SETTLED? YES NO

WHO IS YOUR LAWYER (if applicable): NAME _____

ADDRESS: _____

PHONE _____
