

NEW CLIENT INTAKE - PERSONAL INJURY

IT IS VERY IMPORTANT THAT YOU FILL THIS OUT COMPLETELY & ACCURATELY. THE INFORMATION IS FOR MY USE ONLY & IS CONFIDENTIAL. I MUST KNOW ALL RELEVANT INFO IF I AM TO REPRESENT YOU EFFECTIVELY & CANNOT BE SURPRISED LATER IN THE GAME. IF YOU LIKE, THIS WILL BE RETURNED TO YOU AT YOUR CASE'S CONCLUSION.

Today's date: _____

Name: _____ Age: _____ Birthdate: _____ SSN _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____ FAX _____

Email _____ Marital status _____

Spouse Name _____

Spouse occupation _____ Spouse monthly take home pay _____

Names & ages of kids _____

Employer _____ Since when _____ Job title _____

Employer's street address _____

Emp's city _____ State _____ Zip _____ Emp's phone _____

Supervisor _____ Hourly wage _____ Hours per week you work _____

How many days work missed due to accident _____

What happened?! (DETAILED please - names, dates, times, place, etc. i.e. who, what, where, why, when, under what conditions, etc....)

DATE of ACCIDENT _____ DAY of WEEK _____ TIME _____ LOCATION of ACCIDENT (& then continue with details) _____

Please continue on.(5 pages total)

List any witnesses or any other people who can shed any light on your accident:

What treatment did you seek (i.e. list any/all medical providers, with address)?

1

2

3

4

5

What are your injuries/physical complaints (most severe problem first):

1

2

3

4

5

Have you been released to return to work? _____ When? _____ By whom? _____

With what restrictions?

Are you able to perform your former duties?

Has any Dr. rated you for permanent impairment? _____ Who? _____

What was the rating _____ How much, if any, due to pre-existing _____

Criminal record last 5 years, if any, including traffic offenses _____

Who is the person/organization you believe to be at fault re: your accident?

Who is their insurance company?

What is the adjuster's name with this ins. co.?

What is this ins. co.'s phone number(s)? _____

What is the claim # for your claim against this ins. co.? _____

List any other insurance available which covers lost wages or medical bills (i.e. particularly any personal health insurance)? _____

List any/all other activities which have been restricted due to the accident such as bowling, yard/ house work, sports, sleep, sex, etc.- BE CANDID & COMPLETE!

Was police report filled out? _____ Any other sort of accident report? _____

Did you give any statements to any insurance company, investigator or to any other person about the accident?

GIVE DETAILS _____

Have you signed any authorizations to release information or any other documents whatsoever in connection with this accident?

Have you had any other accidents? _____ Give details - When, what happened, etc? _____

Have you had any other injuries to the same body part which was injured in this accident? _____

Give details:

What other injuries of any sort have you had in the last 20 years? GIVE DETAILS

1 _____

2 _____

3 _____

4 _____

Who referred you to me?

Address

Phone

Whatever you tell me is kept in confidence and it is critical that I know everything. Do not hide anything from me as it will come back to haunt you and could totally destroy your case. Or, if nothing else, further explain anything you think is important that you weren't able to write down anywhere else above:

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