

## NEW CLIENT INTAKE - WORKERS' COMPENSATION

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 \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ FAX \_\_\_\_\_

Eml: \_\_\_\_\_ SSN \_\_\_\_\_

Last grade completed in school \_\_\_\_\_

Any diplomas/degrees/special education classes, etc.? \_\_\_\_\_

English language difficulties? \_\_\_\_\_ Writing or reading difficulties? \_\_\_\_\_

Marital status \_\_\_\_\_ Spouse name \_\_\_\_\_ Spouse occupation \_\_\_\_\_

Spouse monthly take home pay \_\_\_\_\_

Kids? \_\_\_\_ If so, how many were under 18 **at the time of the accident**? \_\_\_\_\_

Have **you** ever been in the military? \_\_\_\_\_ If so, did you or are you receiving any military disability? \_\_\_\_\_

Have you applied for Social Security **Disability** benefits? \_\_\_\_\_ If so, when? \_\_\_\_\_

If you are already receiving S.S.D. benefits, how much per month? \_\_\_\_\_ What was the "onset date" (the

date you began receiving SSD)? \_\_\_\_\_ Have you had any vocational rehab? \_\_\_\_\_ when? with whom?

what happened? \_\_\_\_\_

Employer at time of injury \_\_\_\_\_ Since when \_\_\_\_\_

Employer's street address \_\_\_\_\_

Emp's city \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Emp's phone \_\_\_\_\_

Job description \_\_\_\_\_ Hourly wage at time of injury \_\_\_\_\_

Average weekly wage at time of injury \_\_\_\_\_ # hrs worked per week \_\_\_\_\_

How many days work missed due to accident? \_\_\_\_\_

i.e. when was the last day you worked? \_\_\_\_\_

Was any equipment involved in the accident or were any "3rd parties" the cause of the accident?

Who was notified and when? \_\_\_\_\_

List any/all witnesses to the accident \_\_\_\_\_

What are your physical complaints? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What happened?! (DETAILED please - names, dates, times, place, etc. i.e. who, what, where, why, when, under what conditions). If more than 1 industrial accident, fill this next section out only for the most recent accident, then do the same for any previous accidents just below this section:

DATE of ACCIDENT \_\_\_\_\_ DAY of WEEK \_\_\_\_\_ TIME \_\_\_\_\_

WAS THIS DURING "REGULAR" WORKING HOURS? \_\_\_\_\_

START w/LOCATION of ACCIDENT (& then continue with ***details***):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE of ANY PREVIOUS ACCIDENT \_\_\_\_\_ DAY of WEEK \_\_\_\_\_ TIME \_\_\_\_\_

LOCATION of PREVIOUS ACCIDENT (& then continue with ***details***)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were you given orders not to return to work? \_\_\_\_\_ By whom? \_\_\_\_\_

For how long (what period of time)? \_\_\_\_\_ Have you been released to return to work? \_\_\_\_\_

When? \_\_\_\_\_ By whom? \_\_\_\_\_ With what restrictions? \_\_\_\_\_

\_\_\_\_\_

Are you able to perform your former duties?\_\_\_\_\_ If not, why?\_\_\_\_\_

Has any Dr. rated you for permanent impairment?\_\_\_\_\_ Who?\_\_\_\_\_

What was the rating?\_\_\_\_\_ How much, if any, due to pre-existing\_\_\_\_\_

Name of work comp insurance company handling this claim?\_\_\_\_\_

Claim #\_\_\_\_\_ Name of this company's adjuster handling the claim? \_\_\_\_\_

Have you been receiving Total Temporary Disability benefits (TTD)?\_\_\_ If so, how much per week?\_\_\_\_\_

Are you still receiving them?\_\_ If discontinued, when were these TTD benefits cut off?\_\_\_\_\_

Any problem with work comp insurance co. paying your medical bills?\_\_\_\_\_

If so, explain problem, amount, etc.\_\_\_\_\_

If you have any personal health insurance, who is it?\_\_\_\_\_

Has this health insurance company paid any of your industrially related bills and if so which ones, how much?  
\_\_\_\_\_

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 injuries** to the *same body part which was injured in this accident* that you didn't already list above?\_\_\_\_\_ Give details, dates, etc.:\_\_\_\_\_

What other injuries of any sort have you had in the last 20 years? List sports injuries, congenital problems, psychological, poor vision, hysterectomy, **any medical problem or impairment**, GIVE DETAILS, THIS IS IMPORTANT:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Do you (or anyone else) have photos of any kind that relate to the accident scene or your injuries?

What problem(s) are you having with your work comp claim? \_\_\_\_\_

How were you referred to this office?

Name of someone (NOT AT *YOUR* ADDRESS!) who will always know how to reach you:

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone(s) \_\_\_\_\_

The Labor Commission mandates that you provide (for the last 20 years):

NAMES OF EMPLOYERS

YEARS WORKED

DESCRIPTION OF WORK PERFORMED

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.