



PERSONAL INJURY INTAKE

PERSONAL INFORMATION

Name _____ Date of Birth _____

Address _____

Social Security Number _____ Home Phone _____

Work Phone _____ Cell Phone _____

Email address _____

Best times to reach you _____

Married Single Divorced Number of children _____

If married, spouse's name _____

INJURY INFORMATION

Accident Date _____

Location of Injury _____

Police Report Number _____

Cited Party _____

Citation # _____

How did your injury occur?

Motor vehicle accident

Slip/trip and fall

Assault and battery

Medical malpractice

Police negligence or abuse

Animal bite or attack

_____ Other

CLIENT INSURANCE INFORMATION

Company _____

Address _____

Phone Number _____

Policy Number _____ Policy Limits _____

Claim Number _____

ADVERSE PARTY INSURANCE INFORMATION

Company _____

Address _____

Phone Number _____

Policy Number _____

Claim Number _____

THIRD PARTY INFORMATION

Name _____

Insurance Information _____

ACCIDENT INFORMATION

Description of Accident

Who do you believe caused or is responsible for your injury and why

Describe your injuries

List the names, addresses, and phone numbers of any possible witnesses in your case.

List all doctors and other health care providers who have treated your injuries

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Total medical expenses incurred to date for your injuries

Total medical expenses you expect to incur in the future

Have you lost income due to your injuries YES NO

If YES, amount of income lost

Income before injury _____ per _____

Income after injury _____ per _____

EMPLOYMENT INFORMATION

Employer _____

Position _____

Employer Address _____

Employer Phone Number _____

Are you currently working YES NO

Are you going to return to work YES NO

Expect to return to work on (Month/Day/Year) _____

INJURY INFORMATION

Are you in pain, if so describe.

Describe any other ways in which your life has changed as a result of your injuries (For example, you are no longer able to engage in athletic activities, change in appearance, cannot care for children etc.)

If married, has your spouse experienced any losses as a result of your injuries, if so describe.
