

PERSONAL INJURY INTAKE FORM

I. PERSONAL FACTS:

Name: _____ DOB: _____ SS#: _____

Address: _____

Drivers License Number: _____ Phone Number: _____

Employer: _____

Address of Employer: _____

Name of Supervisor: _____ Work Phone: _____

Occupation: _____ Beginning Date of Employment: _____

Salary: \$ _____ per _____

Other Employment Compensation:

Bonuses: _____

Health Insurance: _____

Vacation Pay/Policy: _____

Pension/Profit Sharing: _____

Other: _____

Dates Lost From Work Because of This Injury: From _____ to _____

Total Amount of Employment Compensation Lost: _____

II. ACCIDENT:

Date of Accident: _____

Time of Day: _____

Day of Week: _____

Location: _____

Weather Conditions: _____

Person who Caused the Accident (Indicate Name, Address, Telephone (if known), and Name of Employer): _____

Defendant Insurance (If Known): Insurer (Indicate Name, Address & Telephone):

Policy #: _____

Have you Filed Any Reports With or Made Any Statements to Defendant's Insurer? Y__ or N__

If Yes, Indicate Date(s) and Substance of Report/Statements): _____

Were there any witnesses of the event: Y ___ or N ___ If yes, please fill out the following:

A. Witness #1:

Name: _____

Relationship: _____

Phone Number: _____

Address: _____

B. Witness #2:

Name: _____

Relationship: _____

Phone Number: _____

Address: _____

General Description of What Happened: _____

Accident Report: Police Report: Yes ___ / No ___ Agency: _____

Other Reports? (Indicate Date and To Whom): _____

Your Insurance:

Policy #: _____

Company Name, Address and Telephone: _____

Agent (Name and Telephone):

Insurance Claim/Report Made? (Indicate When and Substance of Claim/Report): _____

Damages From This Accident:

Other Than Personal Injury: _____

Medical - Describe Your Injury and Condition Fully: _____

Hospital(s) Where Treated (Indicate Name, Address, Telephone, Dates of Admission and Release, and Amount of Charges; Attach Bills if Available): _____

Doctors Seen for Diagnosis/Treatment (Indicate Name, Address, Telephone, Dates, and Amount of Charges; Attach Bills if Available):

Medical Procedures (Indicate All Medical Procedures, i.e. MRI, x-rays, ultrasounds, etc.): _____

Medication Prescribed (Indicate All Medication Taken in the Past and Present as a Result of the Accident and What Treatment the Medication is for): _____

Other Special Damages (e.g., Ambulance, Private Nurses, Extra Household Help, Transportation, Car Rental, Day Care) (Indicate To Whom Paid, Address, Dates, Amount of Charges; Attach Bills if Available): _____

Prior Accidents Causing Injury to You (Include Dates): _____

Have you ever been a part of any legal proceedings prior (List all prior criminal and civil cases. Please briefly describe each event and provide the court in which the suit was filed, the case

number and the final outcome): _____
