

PERSONAL INJURY INTAKE FORM

Full Name:		Address:	
SSN:			
DOB:	Age:	Home #:	Cell #:
Email:		Driver License #:	State license issued in:
Were you married at the time of incident?		If yes, spouse's name:	

ACCIDENT INFORMATION

Date:	Time:	Location:	County:
Please give a general description of what happened:			
Part(s) of the body injured:			
Have you had injuries to this area of the body before?	YES	NO	
Do you have pictures of your injuries or the incident?	YES	NO	
Do you have insurance?	YES	NO	
Name of Police or Sheriff's Department that was called to the scene:			

EMPLOYER/LOST WAGE INFORMATION

Company Name:			
Address:			
Title you held at the time of incident:			
# of years employed:		Supervisor/Manager name:	
Have you missed any work?	YES	NO	
Estimated amount of lost wages:	Overtime:	YES	NO
Were you working at the time of the incident?	YES	NO	

MEDICAL TREATMENT

Were you taken to the hospital by either ambulance or life flight?	YES	NO	
Ambulance Company Name:			
Doctor/Hospital:			
Address:		Phone #:	
Referred By:	Finished treating?	YES	NO
Type of treatment received:			
Doctor/Hospital:			
Address:		Phone #:	
Referred By:	Finished treating?	YES	NO
Type of treatment received:			
Doctor/Hospital:			
Address:		Phone #:	
Referred By:	Finished treating?	YES	NO
Type of treatment received:			

Do you have health insurance? YES NO

If yes, what is the name of your provider?

Do you have Medicare/Medicaid? YES NO

Do you have Social Security Disability? YES NO

Estimated total to date of medical expenses:

ADDITIONAL INFORMATION

Have you received an offer for your personal injuries? YES NO

If yes, how much?

Did you have another attorney working on this matter? YES NO

If yes, name of attorney:

Have you ever been convicted of a felony or misdemeanor (other than traffic offenses)?

ADDITIONAL CONTACT INFORMATION

Name of closest living relative:

Address of relative:

Contact information of person who will know how to reach you at all times:

Name: _____ Phone # _____

Address: _____ City: _____ State: _____

HOW DID YOU HEAR ABOUT THIS OFFICE

Personal Referral If so, whom: _____

Television

Phone Book (Please select one)

Names & Numbers

Yellowbook

Online Search Engine

Facebook

Other: _____