



*ACCIDENT INTAKE INFORMATION*

DATE OF ACCIDENT

CLIENT NAME(S)

ADDRESS

CELL NUMBER

EMAIL ADDRESS

EMERGENCY CONTACT INFORMATION

FACEBOOK ID

DATE OF BIRTH

SOCIAL SECURITY NUMBER

SPOUSE'S NAME AND ADDRESS

CLIENT'S EMPLOYER/ SCHOOL/ ADDRESS

WORK OR SCHOOL DESCRIPTION

LENGTH OF TIME AT WORK OR SCHOOL

TIME LOST FROM WORK OR SCHOOL

WAS CLIENT IN COURSE OF EMPLOYMENT AT TIME OF ACCIDENT?



DATE OF ACCIDENT

TIME OF ACCIDENT

WEATHER AT TIME OF ACCIDENT

LOCATION OF ACCIDENT

FACTS OF HOW ACCIDENT HAPPENED

WHO CAUSED THE ACCIDENT?

IS THERE A POLICE REPORT?

DO YOU HAVE A POLICE REPORT?

DO YOU HAVE ANY PHOTOS REGARDING THE ACCIDENT?

ANY WITNESSES TO THE ACCIDENT?



DESCRIBE YOUR INJURIES

WAS AN AMBULANCE AT THE SCENE OF THE ACCIDENT?

NAME AND ADDRESS OF HOSPITAL WHERE YOU RECEIVED TREATMENT

DATES OF TREATMENT

TREATING DOCTORS' NAMES AND ADDRESSES AND PHONE

DO YOU HAVE HEALTH INSURANCE?

DO YOU HAVE AUTO INSURANCE?

ANY PRIOR ACCIDENTS?

PLEASE DESCRIBE YOUR PRIOR ACCIDENTS OR INJURIES