

REFERRED BY: _____
DATE: _____

PERSONAL INJURY INTERVIEW SHEET

CLIENTS:

(1) Date of Birth
Name: _____ Age: _____ if a minor: _____
Address: _____ Home Phone: _____
_____ Bus. Phone: _____
_____ (Parent's name
Marital Status: _____ Name of Spouse: if a Minor) _____
Employer: _____
Job Description: _____
Address: _____
Weekly or Yearly Gross Income: _____
Wage-loss verification forms given to client: _____
Passenger: _____ Driver: _____

(2) Date of Birth
Name: _____ Age: _____ if a minor: _____
Address: _____ Home Phone: _____
_____ Bus. Phone: _____
_____ (Parent's name
Marital Status: _____ Name of Spouse: if a Minor) _____
Employer: _____
Job Description: _____
Address: _____
Weekly or Yearly Gross Income: _____
Wage-loss verification forms given to client: _____
Passenger: _____ Driver: _____

Previous Injury History:

(1) _____

(2) _____

Did client make a statement to anyone other than this office? Details:

(1) _____
(2) _____

Does client carry medical coverage insurance?

Amount: (1) _____ Company: _____
Amount: (2) _____ Company: _____

Automobile Insurance:

(1) _____ Company: _____
(2) _____ Company: _____

Uninsured Motorists' Insurance:

(1) _____ Company: _____

(2) _____ Company: _____

Client's Vehicle:

Type of Vehicle: _____ Year: _____

Owner of Vehicle: _____

Driven from accident scene: _____ Towed by whom: _____

Approximate damage to vehicle: _____

Client advised to obtain two (2) estimates: _____

Client advised to photograph damage: _____

OCCURRENCE

Date of Accident: _____ Time: _____ Location: _____

DESCRIPTION

PREVIOUS INJURIES:

Hospitalization Past 5 Years: _____

Where: _____ When: _____

Doctor: _____ Illness: _____

NAMES & ADDRESSES OF PERSONS WHO WILL HAVE KNOWLEDGE OF CLIENT'S CASE:

Work-related: _____

Family: _____

Friends: _____

ARE PHOTOGRAPHS ADVISABLE: (car, scar, intersection, cast, etc.) _____

ARE PHOTOGRAPHS ORDERED: _____

NAME AND ADDRESS OF WITNESS: _____

IS INVESTIGATION INDICATED:

NAME OF INVESTIGATOR: _____ PHONE: _____ DATE ORDERED: _____

WAS THERE ANY DRINKING INVOLVED: _____

WERE POLICE NOTIFIED: _____ WAS POLICE REPORT MADE: _____

CITY: _____ COUNTY: _____ STATE HIGHWAY: _____ OTHER: _____

WERE ANY ARRESTS MADE: _____ DISPOSITION OF HEARING IF KNOWN: _____

DEFENDANTS:

Name: _____
Address: _____ State License: _____
Name: _____
Address: _____ State License: _____
Name of defendant's insurance carrier or broker: _____

MEDICAL:

Attending Doctor: _____ Address: _____
Other Doctors (first aid, consultants, etc.) _____
_____ Address: _____

Nature of Injuries: _____
Hospital: _____
X-rays taken: _____ Where: _____ By whom: _____

DAMAGES:

Property Damage: Rep. Bill - Est. Rep. Dec. \$ _____
X-ray Bill: _____ Amb: _____ Hosp. Bill: _____
Orthopedic App.: _____ Nursing Care: _____ Household Help: _____
_____ Other: _____
Lost Time: _____ M.D. Bills: _____

HAS CLIENT BEEN INSTRUCTED

1. To give no information to anyone other than representative of our office? _____
2. To be patient? Case may take three-to-six months before settlement, if any can be effected. If lawsuit, then longer? _____
3. To forward to this office all bills or receipts for hospital, x-ray, property damage, loss of earnings, and medical reports? _____