

Information Form Personal Injury

1. Personal and Family History

Full Name: _____

Home address: _____

Business address: _____

Home phone: _____ Business phone: _____

E-Mail: _____

** AUTO POLICY OF CLIENT: _____

** AUTO POLICY ON VEHICLE: _____

** OTHER AUTO POLICIES OF RESIDENT FAMILY MEMBERS: _____

HEALTH INSURANCE: _____

DRIVER'S LICENSE NUMBER: _____

2. Injury or Accident

Date of Incident: _____

Location of Accident: _____

Names and addresses (if known) of other people involved: _____

**Insurance Co. Info of Defendant Vehicle: _____

**Insurance Co. Info of Defendant Personally: _____

Brief Description of how it happened:

(use additional sheet if necessary)

3. The Injury

State all injuries known to be a result of the accident:

Numbness/tingling in any extremity? _____ Details: _____

Head Injury Intake: Headache? _____ Impact? _____

Concussion Symptoms: Lower recall? _____ Blurry vision? _____ Word loss? _____

Tinnitus? _____ Nausea? _____ ANY HCP INVOLVEMENT WITH SYMPTOMS? _____

Bedridden? _____

Housebound? _____

Other relevant injury symptoms/effects:

4. Physicians, Surgeons, Hospitals, Clinics, Therapists – ANY AND ALL health care providers you've seen related to THIS claim.

(attach additional page if necessary):

Name: _____

Address: _____

Nature of treatment: _____

Still under care? Explain: _____

Name: _____

Address: _____

Nature of treatment: _____

Still under care? Explain: _____

Name: _____

Address: _____

Nature of treatment: _____

Still under care? Explain: _____

Name: _____

Address: _____

Nature of treatment: _____

Still under care? Explain: _____

Name: _____

Address: _____
Nature of treatment: _____
Still under care? Explain: _____

Name: _____
Address: _____
Nature of treatment: _____
Still under care? Explain: _____

Name: _____
Address: _____
Nature of treatment: _____
Still under care? Explain: _____

Name: _____
Address: _____
Nature of treatment: _____
Still under care? Explain: _____

5. Any lost wages?

6. Why are you seeking the help of an attorney? In other words, what is it that you believe you are entitled to but are not receiving? (attach additional page if necessary):

