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**PERSONAL INJURY CLIENT INTAKE FORM**

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Date of Injury:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**1. How did the accident occur?** \_\_\_\_\_

\_\_\_\_\_

**2. Describe your injuries resulting from this accident:** \_\_\_\_\_

\_\_\_\_\_

**3. Have you sought medical attention? Y or N      Still treating? Y or N**

**When?**

\_\_\_\_\_

**4. Total medical bills incurred to date?** \_\_\_\_\_

**5. Doctor(s) Name                      Address                      Phone number:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. Medical diagnosis?** \_\_\_\_\_

**7. Was there a Police/Accident report?    Y or N                      Do you have a copy of it? Y or N**

**8. Please list your lost wages to date:** \_\_\_\_\_

**Your employer:**  
\_\_\_\_\_

**Rate of pay:** \_\_\_\_\_ **Date of Hire?** \_\_\_\_\_

**FOR AUTO ACCIDENTS:**

**1. Estimate amount in dollars to repair your vehicle?** \_\_\_\_\_

**2. Area of your vehicle that was damaged?**  
\_\_\_\_\_

**3. Location of accident?** \_\_\_\_\_

**4. Did other driver have insurance? Y or N                      Do you have ins.? Y or N**

**5. Your insurance company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone No.: ( )** \_\_\_\_\_



