

PERSONAL INJURY INTAKE FORM
(Other than Motor Vehicle Accident)

DATE OF INCIDENT: _____ **(attach copy of police report)**

Name:	
Date of Birth:	
Address:	
Telephone Number:	
Social Security Number:	
Health Insurance Company:	
Policy No./Subscriber ID:	
Subscriber's Name:	

*****PLEASE ATTACH A COPY OF YOUR HEALTH INSURANCE CARD*****

List the name and telephone number (if known) of all Medical Providers seen:

List the injuries sustained as a result of the incident:

Employment:

- Were you employed at the time of the accident? _____; If so, state the following:
 1. Employer's name, address and telephone number:

 2. Did you have any loss of wages? If so, did you have a doctor's order? If so, state the doctor's name and address:

- Are you currently employed?: _____; if so, state the employer's name, address and telephone number, if different from above.

Status of Treatment/Medical Condition:

- Are you currently treating for your injuries? _____
- Have you been released/discharged from treatment? _____
- Have you fully recovered from your injuries? _____; if not, state where you are still experiencing pain and name of the provider who continues to treat you:

- Do you have any permanent injuries? _____; if so, explain:

Preexisting Medical Conditions:

- Do you have any preexisting medical conditions, such as back problems etc.? _____; if so, explain in detail:

- Have you been involved in any other accident (s) or any other trauma prior to or after the incident described above? If so, explain in detail, describing injuries sustained, when and how the accident or trauma occurred, treatment received etc.

- **List all hobbies you had prior to the incident which you are unable to do now as a result of the injuries sustained in the incident, if any:**

EXPLAIN IN DETAIL HOW THE INCIDENT OCCURRED (Including where you were coming from and headed to, who was with you, whether you were on your cell phone at the time the accident occurred (if so, provide the telephone number), whether you had taken any medication prior to the accident (if so, what, dosage and reason for taking) etc.)

- **STATE WHETHER YOUR SPOUSE WILL BE MAKING A LOSS OF CONSORTIUM CLAIM IN THE EVENT THE MATTER IS LITIGATED** (if so, state how the accident has affected your marriage):