

PERSONAL INJURY INTAKE SHEET (AUTO ACCIDENT)

PERSONAL INFORMATION:

CLIENT NAME: _____ HOME PHONE: _____
ADDRESS: _____ WORK PHONE: _____

SSN: _____

ACCIDENT INFORMATION:

DATE OF ACCIDENT: _____ LOCATION OF ACCIDENT: _____

INVESTIGATING POLICE DEPARTMENT: _____

OTHER DRIVER(S) INVOLVED: _____

YEAR AND MAKE OF CLIENT'S VEHICLE: _____

YEAR AND MAKE OF OTHER DRIVER(S) VEHICLE: _____

PASSENGER AND/OR WITNESSES' INFORMATION: _____

BRIEF DESCRIPTION OF ACCIDENT: _____

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WERE YOU TREATED FOR THIS ACCIDENT? (CIRCLE ONE) YES NO

NAME OF DOCTOR AND/OR HOSPITAL WHERE YOU WERE TREATED FOR THIS
ACCIDENT: _____

ADDRESS(ES) OF DOCTOR AND/OR HOSPITAL WHERE YOU WERE TREATED: _____

PHONE NUMBER OF DOCTOR AND/OR HOSPITAL: _____

INSURANCE INFORMATION:

NAME AND ADDRESS OF CLIENT'S INSURANCE COMPANY: _____

HAVE THEY BEEN NOTIFIED? (CIRCLE ONE) YES NO

CLAIMS REPRESENTATIVE: _____

CLAIM NUMBER: _____