

**CLIENT INFORMATION**

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ MARITAL STATUTS: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

SPOUSE'S NAME OR PARENT'S NAMES: \_\_\_\_\_

THEIR ADDRESS IF DIFFERENT FROM YOURS: \_\_\_\_\_

\_\_\_\_\_

EMPLOYER NAME AND ADDRESS: \_\_\_\_\_

\_\_\_\_\_

AMOUNT OF WAGES (indicate hourly/weekly/monthly): \_\_\_\_\_

TYPE OF CASE (auto accident/job accident/other): \_\_\_\_\_

DID YOU MISS TIME FROM WORK BECAUSE OF YOUR ACCIDENT: \_\_\_\_\_

IF SO, HOW MUCH TIME DID YOU MISS: \_\_\_\_\_

DATE OF ACCIDENT: \_\_\_\_\_ WHERE: \_\_\_\_\_

TIME: \_\_\_\_\_ WITNESSES: \_\_\_\_\_

\_\_\_\_\_

YOUR AUTO INSURANCE COMPANY: \_\_\_\_\_

\_\_\_\_\_

YOUR HEALTH INSURANCE COMPANY: \_\_\_\_\_

\_\_\_\_\_

IF AUTOMOBILE ACCIDENT, PLEASE ANSWER THE FOLLOWING:

WAS YOUR CAR DAMAGED IN THE WRECK: \_\_\_\_\_

IF SO, PLEASE STATE THE YEAR, MODEL AND MAKE: \_\_\_\_\_

HAS YOUR CAR BEEN REPAIRED: \_\_\_\_\_ IF SO, WHO PAID FOR THE  
REPAIRS AND HOW MUCH DID IT COST? \_\_\_\_\_

PLEASE LIST THE NAMES, ADDRESS, AND DATES OF ANY HOSPITALS YOU  
VISITED BECAUSE OF THIS ACCIDENT: \_\_\_\_\_

PLEASE LIST THE NAMES, ADDRESSES AND DATES OF VISITS TO ANY  
DOCTOR BECAUSE OF THIS ACCIDENT: \_\_\_\_\_

PLEASE LIST EACH HOBBY OR ACTIVITY THAT YOU DID PRIOR TO THIS ACCIDENT WHICH YOU CAN NO LONGER DO BECAUSE OF THE INJURIES YOU RECEIVED IN THIS ACCIDENT: \_\_\_\_\_

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PLEASE ATTACH COPIES OF ANY HOSPITAL, DOCTOR, DRUG OR OTHER MEDICAL EXPENSE WHICH YOU HAVE INCURRED DUE TO INJURIES YOU HAVE RECEIVED IN THIS ACCIDENT: \_\_\_\_\_

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PLEASE LIST EACH OTHER NON-MEDICAL RELATED EXPENSE WHICH YOU HAVE INCURRED DUE TO THIS ACCIDENT: \_\_\_\_\_

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PLEASE DESCRIBE HOW THIS ACCIDENT HAPPENED: \_\_\_\_\_

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(Use additional paper if necessary)

PLEASE LIST ALL DRUGS YOU HAVE TAKEN OR ARE NOW TAKING DUE TO INJURIES YOU HAVE RECEIVED IN THIS ACCIDENT – PLEASE INCLUDE THE DOCTOR WHO PRESCRIBED EACH DRUG: \_\_\_\_\_

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PLEASE LIST EACH INJURY YOU RECEIVED IN THIS ACCIDENT, INCLUDING BRUISES AND CUTS: \_\_\_\_\_

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