

CONFIDENTIAL CLIENT INFORMATION - PERSONAL INJURY

Name: _____ Date of Accident _____

INFORMATION ABOUT YOU

Full Name/alias _____

Social Security No. _____ Telephone No. _____

Birthdate _____ Marital Status _____

WORK BACKGROUND

Name and address of present employer _____

Employer's telephone no. _____ How long with employer _____

Present pay _____ Job title _____

Were you working with present employer at time of your accident? _____. If no, list name and address of employer _____

Rate of pay _____ Job title _____

MEDICAL HISTORY BEFORE ACCIDENT

List all hospitalizations occurring prior to the accident:

Dates (from - to)	Hospital	Name of Doctor	Nature of Illness
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you had any physical exams within the last 5 years before this accident? _____. If yes, list all physical exams for the past 5 years before the accident:

Date	Place	Name of Doctor	Purpose
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you had any accidents or injuries before this accident? _____. If yes, list every accident or injury, whether there was a claim for damages or not:

Date	Place	Nature of Accident/Injury	Treated By
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you had any chronic health problems? _____. If yes, list below

Did you use any drugs regularly before the accident? _____. If yes, please list type and reason:

CLAIMS AND LAWSUITS

Have you ever been involved in any claim or lawsuit (including divorce)? _____. List below every claim you have made for money, or lawsuits you have ever been involved in:

Date	Place	Against Whom	Nature of Claim	Result
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

WITNESSES

List all witness to the accident AND any person who may be of assistance in testifying about your case, your injuries, or changes in your activities since the accident. Include name, address, telephone number and what they can testify to.

Witness 1 _____

Witness 2 _____

Witness 3 _____

STATEMENTS ABOUT THE ACCIDENT

Have you orally told any police officer, investigator, insurance adjustor, or any other person about the accident? _____. If yes, please list names of person to whom statement was given, date given and persons present at time given: _____

Have you given any written statement to any person about the collision? _____. If yes, please list names of person to whom statement was given, date given and persons present at time given, whether you have a copy of such statement and whether you signed the statement: _____

Do you know of any statements given by defendant? _____. If yes, please state to whom statement made and gist of statement: _____

DAMAGES FROM ACCIDENT

State, in full detail, all injuries received as a result of this accident: _____

State your present physical condition - scars, deformities, headaches, pains, etc., due to injuries received in this accident. _____

Have you missed any time from work as a result of your injury? _____. If yes, please list the dates upon which you missed work: _____

Did you lose wages for the periods of time missed from work due to this accident? _____. If yes, state the total wages you have lost to date: _____

Have you had any increases or decreases in your pay since the accident? _____. If yes, explain:

List all hospitals in which you were examined or treated, or to which you were admitted as a patient as a result of the injuries sustained in the accident, the dates, and the total costs:

List the name, address and telephone number of each physician or surgeon who has examined or treated you for injuries as a result of the accident:

Have you used any of the following in connection with treatment? If yes, list dates.

- Back or neck brace _____
- Crutches _____
- Traction _____
- Physiotherapy _____
- Other _____

List all your usual activities which you have not been able to perform, or can only perform with difficulty since the accident (ie. climbing stairs, ironing, cutting grass, lifting children, dancing, etc.) _____

Period you were confined to your house _____

If student, time lost from attending school _____

Please summarize your out-of-pocket expenses:

Physicians and surgeons	_____
Ambulance	_____
Hospitals	_____
Nurses	_____
Prescriptions	_____
Nonprescription medications	_____
Crutches, braces, etc.	_____
Xrays	_____
Auto repair	_____
Car rental	_____
Lost wages	_____
Wrecker/towing charges	_____
Storage charges	_____
Damage to personal effects	_____
Chiropractor/physical therapy	_____
Other _____	_____

Please list any other information you feel may be relevant to your recovery of damages:
