



PERSONAL INJURY INTAKE SHEET

NAME: _____ SEX: _____

ADDRESS: _____

PHONE: () _____ SOCIAL SECURITY NO.: _____

MAY WE LEAVE MESSAGES AT THE PHONE NUMBER ABOVE? (Y) (N)

DATE OF BIRTH: _____ DRIVER'S LICENSE NO. _____

DATE(S) OF INJURY: _____ TIME: _____

AREA(S) INJURED: _____

IDENTIFY ALL MEDICAL PROVIDERS WHO TREATED YOU FOR YOUR INJURIES: _____

DATE(S) OF MEDICAL TREATMENT: _____

LOCATION OF THE ACCIDENT: _____

DESCRIBE HOW THE ACCIDENT OCCURRED: _____

WITNESS INFORMATION: _____

ESTIMATE THE DAMAGE TO YOUR VEHICLE: _____

HAVE YOU GIVEN ANY STATEMENTS CONCERNING THE ACCIDENT? (Y) (N) If Yes - explain: _____

EMPLOYMENT STATUS: (Employed) (Retired) (Unemployed) (Circle One)

YOUR AUTO INSURANCE CO./POLICY NO.: _____

OTHER DRIVER'S AUTO INSURANCE CO./POLICY NO.: _____

CLAIM NO. (IF ANY): _____ ADJUSTER: _____

PRIOR AUTO ACCIDENTS OR INJURIES: (Y) (N) If Yes - explain: _____

FOR OFFICE USE ONLY	
CASE REFERRED BY: _____	INTAKE BY: _____
REFERRED TO DOCTOR: _____	DISPOSITION DATE: _____