**Personal Injury Intake Information**

1. **Client Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name | Click or tap here to enter text. | Cell Phone | Click or tap here to enter text. |
| Address | Click or tap here to enter text. | Work Phone | Click or tap here to enter text. |
| City, State Zip | Click or tap here to enter text. | Home Phone | Click or tap here to enter text. |
| Social Security No. | Click or tap here to enter text. | Driver’s License No./State | Click or tap here to enter text. |
| Date of Birth | Click or tap here to enter text. | Education | Click or tap here to enter text. |
| Spouse/Partner Name | Click or tap here to enter text. | Spouse/Partner Phone | Click or tap here to enter text. |
| Will Spouse/Partner be listed as Emergency Contact? [ ]  Yes [ ]  No |
| Are you currently Employed? [ ]  Yes [ ]  No |
| Employer | Click or tap here to enter text. | Phone | Click or tap here to enter text. |
| Emergency Contact, if different from Spouse/Partner (Name, Address, Phone):Click or tap here to enter text. |

1. **Accident Information**

|  |  |
| --- | --- |
| Accident Type | Click or tap here to enter text. |
| State | Click or tap here to enter text. |
| Date/Time | Click or tap here to enter text. |
| Client Vehicle Make | Click or tap here to enter text. |
| Model | Click or tap here to enter text. |
| Year | Click or tap here to enter text. |
| Color | Click or tap here to enter text. |
| Plate No. | Click or tap here to enter text. |
| Client Rolfe | Click or tap here to enter text. |
| Purpose of Trip | Click or tap here to enter text. |
| Job Related? |  [ ]  Yes [ ]  No |
| Dashcam? |  [ ]  Yes [ ]  NoIf yes, do you have access to the footage? [ ]  Yes [ ]  No |
| Wearing Seatbelt? |  [ ]  Yes [ ]  No |
| Airbags in Vehicle? |  [ ]  Yes [ ]  NoIf yes, did they deploy? [ ]  Yes [ ]  No |
| No. of Vehicles Involved? | Click or tap here to enter text. |
| Ambulance? |  [ ]  Yes [ ]  No |
| Police? |  [ ]  Yes [ ]  NoIf yes, provide Department, Officer Name, and Report No.Click or tap here to enter text. |
| DMV Report? |  [ ]  Yes [ ]  No |
| Insurance Exchange? |  [ ]  Yes [ ]  NoOther Parties Insurance info: Click or tap here to enter text. |
| Hit and Run? |  [ ]  Yes [ ]  No |

**Witnesses?** *(Provide Name, Address, Phone Number) Attach Additional Sheets if Necessary*

[ ]  Yes [ ]  No

|  |  |
| --- | --- |
| Witness 1 | Click or tap here to enter text. |
| Witness 2 | Click or tap here to enter text. |
| Witness 3 | Click or tap here to enter text. |
| Witness 4 | Click or tap here to enter text. |

1. **Crash Details**

*Be as detailed as possible (Give street names and locations of crash if possible, etc.)*

*Attach additional sheets if necessary*

|  |
| --- |
| Click or tap here to enter text. |

1. **Vehicle/Property Damage Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Vehicle Owner | Click or tap here to enter text. | Vin No. | Click or tap here to enter text. |
| Insurance | Click or tap here to enter text. | Policy No. | Click or tap here to enter text. |
| Claim No. | Click or tap here to enter text. | Deductible | Click or tap here to enter text. |
| Adjuster | Click or tap here to enter text. | Phone | Click or tap here to enter text. |
| Towed | Click or tap here to enter text. | Vehicle Location | Click or tap here to enter text. |
| Repaired? | Click or tap here to enter text. | Repair Amount | Click or tap here to enter text. |
| Repaired By | Click or tap here to enter text. | Rental? | Click or tap here to enter text. |
| Est. Repair Time | Click or tap here to enter text. | Rental Cost/Day | Click or tap here to enter text. |

**Client Car Occupants at Time of Accident**

|  |  |  |  |
| --- | --- | --- | --- |
| Driver | Click or tap here to enter text. | Passenger | Click or tap here to enter text. |
| Rear Driver | Click or tap here to enter text. | Rear Passenger | Click or tap here to enter text. |
| Additional Passengers & Locations | Click or tap here to enter text. |
| Additional Comments | Click or tap here to enter text. |

1. **Medical**

|  |  |  |  |
| --- | --- | --- | --- |
| Insurance | Click or tap here to enter text. | Medicare? |  [ ]  Yes [ ]  No |
| ID No. | Click or tap here to enter text. | Medicaid? |  [ ]  Yes [ ]  No |
| Group No. | Click or tap here to enter text. | Medicare/Medicaid No. | Click or tap here to enter text. |

1. **Injuries Summary:**

*Include as much information as possible*

|  |
| --- |
| Click or tap here to enter text. |

1. **Medical Providers/Dates:**

*Include as much information as possible*

|  |
| --- |
| Click or tap here to enter text. |

1. **Prior Medical History**

*Include as much information as possible (Other MVAs, Related Injuries, Prior Chiropractic, Etc.)*

|  |
| --- |
| Click or tap here to enter text. |

1. **Employment**

Wage Loss? [ ]  Yes [ ]  No

|  |  |  |  |
| --- | --- | --- | --- |
| Employer | Click or tap here to enter text. | Address | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. | City, State Zip | Click or tap here to enter text. |
| Schedule | Click or tap here to enter text. | Rate | Click or tap here to enter text. |
| Dates Missed | Click or tap here to enter text. | Disability Slips | Click or tap here to enter text. |
| Additional Comments & Information | Click or tap here to enter text. |

**I UNDERSTAND THE FIRM HAS NOT ACCEPTED MY CASE AND WILL NOT ACT AS MY ATTORNEY UNTIL I HAVE SIGNED A FEE AGREEMENT AND PAID THE RETAINER**

Date:                                                Signature: