Personal Injury Intake Form

Date: _____

How did you hear about us?: _____

Name: _____

Address (Mailing and Physical): _____
_____

Phone: _____ Email: _____

SSN: _____ Date of Birth: _____ Race: _____ Sex: _____

Date of Incident: _____ County: _____

Location of Incident: _____

Description of Incident: _____
_____
_____

Injuries:_____

Did you visit Emergency Room or any doctors? (Please provide facility/Dr. name and dates if you had an X-rays or testing done) _____
_____
_____

Did you have Health Insurance at the time of the accident? (Get copy of Insurance Card)
_____

Any contact made from the Insurance Company? _____

Name and address of defendant: _____
_____
_____