

# INJURY

## INTAKE QUESTIONNAIRE

Name \_\_\_\_\_

Date of birth \_\_\_/\_\_\_/\_\_\_

Social Security number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mobile phone(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail address \_\_\_\_\_

Best method to reach you \_\_\_\_\_

Best times to reach you \_\_\_\_\_

Married \_\_\_ Single \_\_\_ Divorced \_\_\_ Number of children \_\_\_

If married, spouse's name \_\_\_\_\_

On what date did your injury occur? \_\_\_/\_\_\_/\_\_\_

Where did your injury occur?

Aircraft accident

Animal bite or attack

Assault and battery

Defective premises

Defective product

Police negligence

Medical malpractice

Motor vehicle accident

Slip or trip and fall

Water-related accident

Other \_\_\_\_\_

Describe how your injury occurred. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Employer's telephone number (\_\_\_\_) \_\_\_\_-\_\_\_\_

Are you currently working? Yes\_\_ No \_\_ Expect to return to work on \_\_\_/\_\_\_/\_\_\_\_  
Will not return to work \_\_\_\_

Are you in pain? If so, describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any other ways in which your life has changed as a result of your injuries. (For example, you are no longer able to engage in athletic activities, your appearance has changed, you cannot care for your children, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If married, has your spouse experienced any losses as a result of your injury? If so, describe. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the names, addresses, and phone numbers of any possible witnesses in your case.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you previously consulted an attorney regarding your case? Yes \_\_\_\_ No \_\_\_\_  
If yes, provide the attorney's name(s), the firm name(s), the address(es), and the telephone number(s). \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

is your relationship with the attorney ongoing? Yes \_\_\_ No \_\_\_

Has an attorney declined to represent you in this matter? Yes \_\_\_ No \_\_\_

If yes, why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Questions you have about your case: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_