

# 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? City \_\_\_\_\_ State \_\_\_\_ County \_\_\_\_\_

How 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. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Have you lost income as a result of your injuries? Yes \_\_\_ Amount \$ \_\_\_\_\_ No \_\_\_

Income before injury \$ \_\_\_\_\_ per \_\_\_\_\_

Income after injury \$ \_\_\_\_\_ per \_\_\_\_\_

Employer \_\_\_\_\_

Position \_\_\_\_\_

Employer's address \_\_\_\_\_

\_\_\_\_\_

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). \_\_\_\_\_

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

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

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

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

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