

**NEW CLIENT INFORMATION**

FULL NAME: Mr. ( ) Mrs. ( ) Ms. ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ WORK PHONE: (\_\_\_\_) \_\_\_\_\_

CELL PHONE: (\_\_\_\_) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PRIMARY LANGUAGE: \_\_\_\_\_ SECONDARY: \_\_\_\_\_

COUNTRY: \_\_\_\_\_ DIALECT: \_\_\_\_\_

***OTHER CONTACT INFORMATION:***

NAME \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

NAME \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

WHO REFERRED YOU TO OUR OFFICE? \_\_\_\_\_

**EMPLOYMENT INFORMATION AT TIME OF INJURY**

EMPLOYER NAME \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_  
\_\_\_\_\_

EMPLOYER PHONE \_\_\_\_\_

DATE OF INJURY: \_\_\_\_\_ COUNTY OF INJURY: \_\_\_\_\_

Position: \_\_\_\_\_

Length of Time Employed: \_\_\_\_\_

Earnings: Hourly \$ \_\_\_\_\_ Hours per week \_\_\_\_\_

\*\*\*\*\*PLEASE PROVIDE A COPY OF MOST RECENT PAY STUB\*\*\*\*\*

**Briefly describe the physical demands of your job (example: lifting, bending, prolonged standing, kneeling, squatting, etc.)**

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**If terminated, state reason why** \_\_\_\_\_

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**Do you know who your employer's workers' compensation insurance company is for the date of your injury? (If you have received or are receiving a weekly workers' compensation checks, the issuer of the check is the workers' compensation insurance company.)** \_\_\_\_\_

**Are you currently receiving workers' compensation benefits? If yes, how much?**

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**Are you receiving medical bills from your doctor(s) demanding payment?**

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**\*At the time of your injury, were you working ANOTHER full-time or part-time job?**

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### **ACCIDENT INFORMATION**

**HOW WERE YOU HURT? (Please describe in detail)** \_\_\_\_\_

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**WHO DID YOU NOTIFY OF YOUR INJURY?**

**Name                                      Title/Position                                      Date/Time Notified**

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**WERE THERE ANY WITNESSES TO YOUR ACCIDENT?** \_\_\_\_\_

(If so, please list below)

**Name                                      Address                                      Phone**

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**Are you currently out of work because of your injury?** \_\_\_\_\_

If so, what was the first date you missed work? \_\_\_\_\_

After your injury, did you stop working? \_\_\_\_\_

How much time did you miss from work? \_\_\_\_\_

Have you returned to work? \_\_\_\_\_

If so, what was the date you returned to work? \_\_\_\_\_

**MEDICAL TREATMENT RECEIVED**

Please list *all* doctors, hospitals, physical therapists, etc. you have seen since your work-related injury.

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>

Did any doctor tell you to stay out of work? \_\_\_\_\_

If so, who? \_\_\_\_\_

**PART(S) OF BODY INJURED** \_\_\_\_\_

Have you ever injured these body part(s) before? (If so, please describe when, how, and if it was work-related.)

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

Who provided medical treatment for this previous injury to these body part(s)?

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

If this previous injury was work-related, please list your previous employer

\_\_\_\_\_

Was a workers' compensation claim filed? \_\_\_\_\_

If so, what was the outcome? \_\_\_\_\_

**PRIOR WORK HISTORY**

<i><u>Employer Name/Address</u></i>	<i><u>Position</u></i>	<i><u>Dates Employed</u></i>	<i><u>Salary</u></i>	<i><u>Reason Left</u></i>
1. _____				
2. _____				
3. _____				

Have you ever filed a workers' compensation claim before? \_\_\_\_\_  
If so, please list below:

<i><u>Employer Name/Address</u></i>	<i><u>Type of Injury</u></i>	<i><u>Date</u></i>	<i><u>Outcome</u></i>
1. _____			
2. _____			

**PRIOR MEDICAL HISTORY**

Family Doctor (Please list Name, Address, Phone) \_\_\_\_\_  
\_\_\_\_\_

When was the last time you saw *any* doctor? \_\_\_\_\_

For what reason? \_\_\_\_\_

Have you ever been hospitalized? \_\_\_\_\_ If so, please list below:

<i><u>Dates</u></i>	<i><u>Reason</u></i>	<i><u>Doctor</u></i>
_____		
_____		

**MISCELLANEOUS**

1. Do you have any outstanding Child Support Liens? \_\_\_\_\_
2. Do you have any other personal injury actions pending or a result of this accident?
3. Ever been charged with a felony? \_\_\_\_\_