

PERSONAL INJURY INTERVIEW SHEET

Name: _____

Employer: _____ **Job Description:** _____

Weekly or Yearly Gross Income: _____

Date of Accident: _____ **Time:** _____

Location: _____

Description: _____

Name and address of witnesses:

Were police notified? _____ **Was report made?** _____ **By Whom** _____

Were any arrests made? _____ **Tickets?** _____

Name of Defendant _____ **Address** _____

Attending Physician and other medical providers _____

Previous Injury History:

(1) _____

Hospitalization Where: _____ When: _____

Doctor: _____

(2) _____

Hospitalization Where: _____ When: _____

Doctor: _____

Did you make a statement to anyone other than this office? _____

INSURANCE:

Medical coverage:

Company: _____ Amount: _____

Company: _____ Amount: _____

Automobile Insurance:

Company: _____ Amount: _____

Company: _____ Amount: _____

Uninsured Motorists' Insurance:

Company: _____ Amount: _____

Company: _____ Amount: _____

Client's Vehicle:

Type of Vehicle: _____ Year _____

Driven from scene? _____ Towed by Whom? _____

Approximate damage to vehicle: _____

Advise client:

1. Obtain 2 estimates
2. Photograph damage
3. Give no information to anyone other than our office
4. Forward all bills or receipts for hospital, x-ray, property damage, loss of earnings and medical reports.

GET MEDICAL RELEASES SIGNED.