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PERSONAL INJURY
INITIAL INTERVIEW

Name: _____ Home Phone No.: _____

Address: _____ Work Phone No.: _____
Street Apt. #

_____ Spouse's Name: _____
City State Zip

Other address where we can reach you (give name of relative or other person who will know your whereabouts and their address and phone number).

_____

_____

Your Date of Birth: _____

Your Place of Birth: _____

Your Social Security No.: _____

DATE OF INJURY: _____

TIME OF INJURY: _____

PLACE OF INJURY: _____

Employer: _____

Address: _____

_____

Job Title: _____

FACTS

On a separate sheet of paper write your version of how the accident happened and the events that followed.

Please list the names and addresses of any witnesses to the accident:

_____
_____
_____
_____
_____

To whom did you first report your injury? _____

MEDICAL INFORMATION

Medical Complaints:

a. Initial Complaints: _____
_____
_____
_____

b. Present Complaints: _____
_____
_____
_____

c. List any current physical limitations due to your injury: _____
_____
_____
_____

d. Give the name of physician or chiropractor giving these physical limitations: _____
_____
_____
_____
_____

Doctors, chiropractors, physical therapists, other personnel and hospitals seen as a result of your injury. List in order seen, giving their names and addresses:

Past medical treatment (include drug or chemical dependency treatment and any psychiatric or psychological treatment). List names and addresses of all doctors, chiropractors, physical therapists, other medical personnel and hospitals involved:

Have you paid any of your own medical bills relating to this injury? _____

If so, list bills and amounts paid and attach copies of the bills and your receipts of payment.

Bills	Amount

INTERVENORS

Did any other party pay any of your medical bills? _____

Did any other party pay any of your wage loss? _____

If yes, please list the names, addresses, policy numbers and/or claim numbers of the parties making payments:

Have you received welfare benefits, including food stamps or AFDC benefits? _____

If yes, through what county or counties? _____

How much do/did you receive each month: _____

Dates received: From _____ To: _____

Have you collected any unemployment benefits? _____

WHY ARE YOU HERE?

In your own words, why have you come to a lawyer regarding your case?

_____

_____

_____

_____

_____