

PERSONAL INJURY CLIENT INFORMATION FORM

DATE: _____

1. GENERAL INFORMATION

NAME: _____ DATE OF BIRTH: _____ AGE: _____

ADDRESS: _____ ZIP: _____ TUCSON RESIDENT FOR: _____
_____ YEARS

TELEPHONE: (HOME) _____ (WORK) _____ (PAGER) _____

SOC. SEC #: _____ - _____ - _____ MARITAL STATUS: _____

SPOUSE: _____

EMPLOYER: _____

ADDRESS: _____

POSITION: _____ WAGE: _____ LOST WAGE AMOUNT: _____

INFORMED OF LAW OFFICE BY (CIRCLE ONE) YELLOW PAGES FRIEND

OTHER _____ IF FRIEND, WHO _____

2. ACCIDENT INFORMATION

A. DATE _____ TIME _____ LOCATION _____

B. WHERE WERE YOU COMING FROM? _____

C. WHERE WERE YOU GOING? _____

D. DESCRIBE ACCIDENT (INCLUDING STREET NAMES AND DIRECTION OF TRAVEL OF ALL VEHICLES: _____

E. PASSENGERS? (NAMES) _____

F. AGENCY INVESTIGATING: TPD _____ SHERIFF _____ DPS _____

G. ANYONE CITED? _____ WHO? _____
WHY? _____

H. WEARING SEATBELT? _____ IF NOT, WHY? _____

I. NAME, ADDRESS AND ADJUSTER OF OTHER DRIVER'S INSURANCE CO. _____

J. DID YOU GIVE A STATEMENT TO ANYONE IN THIS MATTER? _____

K. IF SO, WAS THE STATEMENT RECORDED? _____ DATE OF STATEMENT _____

L. WHO TOOK THE STATEMENT? _____ INSURANCE COMPANY _____

M. NAME OF YOUR INSURANCE COMPANY? _____

CONTACT PERSON _____ LIABILITY LIMITS _____
UNINSURED LIMITS/UNDERINSURED LIMITS _____ MED PAY LIMITS _____

N. ANY CAR ACCIDENT FIVE YEARS PRIOR TO THIS ONE? _____

IF SO, DESCRIBE: _____

O. HAS THIS INJURY CAUSED ANY OLD INJURIES TO REAPPEAR? _____

3. MEDICAL TREATMENT

A. AT THE SCENE? _____ BY WHOM? _____

B. HOSPITAL (NAME) _____

C. AMBULANCE (NAME) _____

D. TREATING PHYSICIAN (NAME) _____

(ADDRESS) _____

(PHONE) _____

FOR WHAT CONDITION ARE YOU TREATING? _____

E. CHIROPRACTOR (NAME) _____

(ADDRESS) _____

(PHONE) _____

FOR WHAT CONDITION ARE YOU TREATING? _____

F. ANY OTHER HEALTH CARE PROVIDER? _____

G. HEALTH INSURANCE CARRIER _____

H. ARE YOU ON AHCCCS OR ANY OTHER GOVERNMENT PLAN ? _____

I. IF SO, LIST PLAN, PLAN NUMBER, CONTACT AND ADDRESS _____

4. DESCRIPTION OF INJURIES AND PAIN

A. PLEASE DESCRIBE WHAT PAIN YOU ARE EXPERIENCING IN THE FOLLOWING AREAS:

BACK _____ BUTTOCKS _____

NECK _____ THIGHS _____

SHOULDER _____ KNEES/CALVES _____

STOMACH _____ FEET/ANKLES _____

TMJ _____ SCARS _____

BRUISES _____

OTHER (i.e, psychological or other physical injuries _____

B. LIST THE SPORTS OR ACTIVITIES THAT YOU FORMERLY ENGAGED IN WHICH YOU CANNOT PARTICIPATE IN NOW. _____

C. LIST THE SOCIAL ACTIVITIES YOU FORMERLY ENGAGED IN WHICH YOU CANNOT ENGAGE IN NOW. _____

D. STATE HOW OFTEN YOU ENGAGED IN THEM PRIOR TO YOUR ACCIDENT. _____
