SLIP AND FALL ACCIDENT CLIENT INTAKE FORM

Directions: Please provide us with all the information requested below. All information is kept confidential. Please print clearly.

Date: ________________

Present Legal Name: ____
First Middle Last

Spouse Legal Name: ____
First Middle Last

Mailing Address: ____
Street

____
Municipality State Zip code

Permanent Address (if different from mailing address):

____
Street Municipality State Zip code

Birth Date: ______________

Phone Numbers:

Home: __________________ Email address: ________________________

Work: __________________ Cell: ____________________

For internal use only:

Referred to: ___________ Closed on: ___________ Type of Case: ___________

Notes:

ACCIDENT INFORMATION:

Accident date: ________________ Day of week: ___________ Time: ________(am/pm)

Location: (Be Specific) ____

____

DESCRIPTION OF ACCIDENT: (BE SPECIFIC—GIVE AS MUCH DETAIL AS POSSIBLE) ____

____

____

____

____

If injured, what are your injuries? ____

____

____

Did you go to the hospital? [ ] Yes [ ] No
How did you get to the hospital? [ ] Ambulance [ ] Private Transportation

Name of Hospital: _____________________________________

Address: ____

Were you admitted to the hospital? [ ] Yes [ ] No How long did you stay? ________

Have you seen any other doctor as a result of this incident? [ ] Yes [ ] No

Please list all Doctors or Medical facilities including ambulances of any kind you have seen as a result of this accident.

1. Name: _______________________________________ Phone: __________________

Address: ____

2. Name: ____ Phone: ____________________

Address: ____

3. Name: ____ Phone: ___________________

Address: ____

4. Name: ____ Phone:__________________

Address: ____

WITNESSES:

Name & address of any witness: ____

____

Telephone Number: ____

Do you have photos pertaining to the scene or to your injuries? [ ] Yes [ ] No

PRIORS:

If you have sustained injuries similar to the ones sustained in this incident on a prior occasion or have seen a doctor for injuries or treatment for the same or similar injuries please describe the injury:____
____
____

Prior claims and/or settlements (types, dates, attorneys):_____________________________________