

The **Cooper**
Law Firm

PERSONAL INJURY INTAKE

Name:		Date:
First Name	Middle Initial	Last Name
Street Address: <i>(No P.O. Box #'s)</i>		
City:	State:	Zip Code:
Phone #:	Work #:	Cell #:
Email:	Birthday:	Social Security #:
Marital Status	Child Name	Child age
Employer:		
Address:	City:	State/Zip:
Job Title/description	Wage/Salary	Educational Background

The Incident

1. Date/Time of Incident giving rise to the claim: _____
2. Location of incident giving rise to claim: _____
3. Did the police respond to the incident? _____
4. Which police department? _____
5. What, if any, police action was taken? _____
6. Did you go to a hospital? If so, Where? _____
7. Were you transported by ambulance? _____
8. How long was your hospital stay? _____
9. What was done for you at the hospital? _____

10. Have you seen a medical professional since the incident giving rise to the claim? If so, please list their name and phone number: _____

11. Describe the incident that gave rise to the claim in your own words: _____

12. Who else was involved in the accident? Please provide address if known: _____

13. Describe the weather at the time of the incident: _____

14. Describe the weather immediately before the incident. _____

15. Have you missed work as a result of the incident? How much work time has been lost?

16. Has a medical practitioner told you that you will miss much more time from work? If so, how much time is expected to be lost?

17. Have you ever been in an accident before?

a. When _____

b. Where _____

c. Did you receive medical treatment? _____

d. Who treated you, for what were you treated? _____

18. What is your medical history? Include all surgeries and injuries:

19. Have you ever been disabled from work or physical activity? If so, describe.

20. Have you ever needed physical therapy? If so when and why?

21. Have you ever filed a worker's compensation claim? If so, when and why?

22. Have you ever filed a claim for disability benefits under any insurance policy or government program? If so, when and why?

23. What are your current physical restrictions?

24. How have your injuries impacted your day to day activities?

25. Has your mood or temperament been affected by your injuries? Describe any changes?

26. What medical expenses have you personally incurred so far as a result of this incident?

27. Do you have medical insurance? Please list the name of your provider and describe your coverage.

28. What percentage, if any, of your medical treatment has been covered by your medical insurance provider?
