HART | DAVID

Workers Comp Intake Form

Client Information: **Date:_____/_____/_____**

Client's Name:_____ Resident / Citizen / No Papers

Date of Birth:_____/_____/_____ SS#:_____ - ____ -_____

Cell#:(_____)_____-_____ Home(_____)_____-_____ Email:_____

_____

Address City State/Zip

Employer Information:

Employer:_____

_____

Address City State/Zip

Phone:_____ Fax:_____

How many employees does the company have?_____

What does the company do?_____

When did you start working for the company?_____

Your position/title:_____ _____

Job description: _____

_____

Rate of Pay: $_____Hourly How many hours do you work a week:_____ $_____ Yearly

Have you lost any days of work due to the accident? Yes____ No____ Dates:_____

Have you been receiving TTD?: Yes_____ No:_____ Still working for the company? Yes No

Health Insurance Information:

Name of Insurance Carrier:_____ PPO HMO Medicaid

Name of Policy Holder:_____ Policy#:_____

Agent/Adjuster:_____ Phone:_____

Accident / Medical Information:

Date of Injury:_____ Hour of accident:_____ AM or PM

Did the injury occur at employers facility? Yes___ No___ What city and county?_____

At the time of the accident were you using any medication, alcohol, or drugs? Yes___ No___

Describe the conditions:_____

Are there witnesses to your accident? Yes____ No_____

Describe the accident: _____
_____
_____
_____
_____

What parts of your body were injured: _____

After the accident did you go to a medical facility? Yes____ No_____

Did you go to the hospital? Yes____ No_____ Name of Hospital:_____

Did you go by ambulance? Yes____ No_____ Name of Ambulance:_____

Were X-Rays Taken? Yes_____ No_____ Of what?:_____

Did you got to a medical facility that's not a hospital: _____

Have you seen a doctor since the date of accident? Yes_____ No_____

Please list all Doctors and their phone numbers:

1._____ 4._____

2_____ 5._____

3._____ 6._____

Recorded Statement:

Have you given a recorded statement? Yes____ No____
Date:_____ With who:_____

Have you consulted with another attorney about your case? Yes____ No_____

Name of the attorney:_____

How were you referred to us???:

Previous client Office Sign Website Twitter MANTA LinkIn

Facebook TV Billboard Letter Newspaper Other:_____

Friend/Physician
Name:_____ Cell/Phone:_____

_____

Address City State/Zip