

PERSONAL INJURY INTAKE FORM – MOTOR VEHICLE ACCIDENT

Name: _____
Address: _____

Phone No. (H): _____
Phone No. (W): _____
Phone No. (Cell): _____
Email: _____
Age: _____ Date of Birth: _____
SSN: _____

Maiden Name (a/k/a): _____
Marital Status: _____ Date of Marriage: _____

Spouse: _____
Phone No.: _____
Email: _____

Children:
Names (ages): _____, _____, _____

Missed work as a result of the accident: Yes No

EMPLOYER: _____
Location: _____
Job Description: _____

ALTERNATE CONTACT (someone not living with you):

Name: _____
Phone No. (Cell): _____
Other: _____

HEALTH INSURANCE: _____
Group ID/Policy No.: _____

Please see the attached checklist for additional information and materials to bring to your consultation.

YOUR AUTO INSURANCE COMPANY: _____ Claim/Policy #: _____
Adjuster: _____ Phone: _____

If the vehicle you were in is owned by someone else:

OWNER'S INSURANCE: _____ Claim/Policy #: _____
Adjuster: _____ Phone: _____

AT-FAULT DRIVER'S INSURANCE: _____ Claim/Policy #: _____
Adjuster: _____ Phone: _____

If the at-fault driver's vehicle is owned by someone else:

OWNER'S INSURANCE: _____ Claim/Policy #: _____
Adjuster: _____ Phone: _____

FACTS OF THE ACCIDENT

Date: _____ Day of Week: _____ Time: _____ Weather: _____
Location of Accident: _____ Law Enforcement: _____
Description: _____

Witnesses: _____

MEDICAL INFORMATION

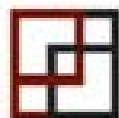
Injuries: _____
Ambulance Service: _____ ER facility: _____
Medical Providers: _____
Prior Injuries/Conditions: _____
Ongoing Symptoms/Medical Treatment: _____

Please use the back of this form to provide any additional information you feel may be relevant to your case.

ADDITIONAL MATERIALS TO BRING TO YOUR CONSULTATION

Please bring any of the following information and/or documentation which you have available. You are not required to bring any of these materials to your consultation. The additional materials you bring will help us to determine the status of your case, but at this time it is not necessary for you to request materials you do not have available.

- Accident report.
(If no law enforcement report was made, please bring insurance information for all involved parties.)
- Photographs.
- Names and contact information for all involved parties.
- Health insurance card(s).
- Correspondence with insurance companies relating to your claims.
- Work excuses, disability reports or correspondence from your doctor(s).
- Time missed from work, documentation of earnings at time of accident, and date of hire.
- Dismissal/discharge summary from ER or hospital.
- Medical bills.
- Documentation of any out-of-pocket expenses.
- Property damage estimates and/or payment information.
- Other information/materials you feel may be relevant to your case: _____



**PATTERSON
DAHLBERG**
INJURY LAWYERS