

## Personal Injury Information Questionnaire (Premise)

Full Legal Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_

Social Security No \_\_\_\_\_

Driver's License No \_\_\_\_\_ State \_\_\_\_\_

Do you have health insurance? YES NO

If the answer is yes, please furnish the following information:

Ins. Company Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

ID/Member/Group number \_\_\_\_\_

Spouse \_\_\_\_\_ Phone \_\_\_\_\_

Please list a contact person who does not reside with you that will always know how to contact you.

Name \_\_\_\_\_

Phone \_\_\_\_\_ Other \_\_\_\_\_

**FACTS ABOUT THE ACCIDENT**

Please furnish all of the details regarding the accident that you can remember. Be as specific as you can with regard to the distance, location of objects and other facts which pertain to your collision.

Date \_\_\_\_\_ Time \_\_\_\_\_

Weather \_\_\_\_\_

Location \_\_\_\_\_

What Happened? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was there something on the floor that caused you to fall?

If the answer is yes, what was it?

**Did you speak to anyone after the injury?**

If the answer is yes, who did you talk to and what was the conversation.

Have you been contacted by the facility where the injury occurred or by their insurance company \_\_\_\_\_

Name of Company \_\_\_\_\_

Name of Person \_\_\_\_\_

Phone \_\_\_\_\_

Claim No. \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Fax or email \_\_\_\_\_

Have you give any recorded or written statement to the adjuster? Y NO

**WITNESSES TO THE ACCIDENT**

Were there any witnesses who saw the accident? YES NO

If so, please give the following information:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

# INJURIES

Detailed listing of each injury \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List the specific parts of your body in which you have pain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## TREATMENT RESULTING FROM CURRENT ACCIDENT

Ambulance \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Doctor/Clinic \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Doctor/Clinic \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Doctor/Clinic \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

## WORK BACKGROUND

Are you presently employed?                      Yes                      No

If so, please indicate:

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Job Title and Duties \_\_\_\_\_

How long have you been employed? \_\_\_\_\_

What is your rate of pay? Monthly \_\_\_\_\_

How many hours per week do you work? \_\_\_\_\_

What was your gross income for the last 12 months? \_\_\_\_\_

Did you miss any work due to this incident?                      YES                      NO

If so, please indicate the amount of time you missed. \_\_\_\_\_

Have you changed your employer or the nature of your work since the date of the accident.

If so, please explain fully the reason for termination or change of work.

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**CLIENT BACKGROUND**

Have you ever been involved in a lawsuit?                      YES                      NO

If so, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever filed a claim for a work injury?                      YES                      NO

If so, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever filed a claim with an insurance co.?                      YES                      NO

If so, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any injury/illness you have had in the past 10 years that required treatment by a medical professional:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been charged with/convicted of any crime other than minor traffic violations? If so, explain:

\_\_\_\_\_  
\_\_\_\_\_

Do you have at least 5 years of tax returns?                      YES                      NO

If so, please provide them to us as soon as possible.

**LAY WITNESSES**

Please furnish the name of anyone who may know about your injuries. This would include members of your family, neighbors, friends, anyone who may know about your injuries or how they have affected you or what effect they may have on your hobbies, activities, or physical condition in general.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

What do they know? \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

What do they know? \_\_\_\_\_

Is there anything else you feel is important regarding this matter that you would like to share.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Referred By: \_\_\_\_\_

Interviewed By: \_\_\_\_\_

Date: \_\_\_\_\_