**PERSONAL INJURY INTAKE QUESTIONNAIRE**

**TIME: \_\_\_\_\_\_\_**

**DATE: \_\_\_\_\_\_\_**

**INITIALS: \_\_\_\_**

**Name:**

**Phone Number:**

**Address:**

**Age:**

**Referred By:**

**Names of Parties Involved:**

**(Confirm there is no conflict before appointment)**

1. When did the injury occur?
2. How was the injury caused\Whose Fault (obtain specific details of incident)?
3. Nature of Injuries\Impairments?
4. Employment (returned to work? If so, what continuing difficulties?
   1. Nature of Employment
   2. Annual Income
5. Has an application been made for accident benefits? For other benefits?
   1. What benefits have been received to date?
   2. Was there a shortfall between your income and benefits paid?
6. Please make sure the client brings to the initial interview:
   1. Name of their insurer (get name and ask them to bring a copy of the declaration page)
   2. What evidence do you have of your income from all sources from the year preceding the incident? Bring income tax returns for two years prior to the incident, or other evidence?
   3. Copy of application form(s) for all benefits including Statutory Accident benefits and related materials submitted.
   4. What medical reports do you have? Bring in every medical report obtained as a result of this incident?
   5. A list of names, addresses, and telephone numbers of all hospital doctors, etc. who have treated the person as a result of this incident.
   6. Police Report.
   7. If death involved and an autopsy performed, the date and place of the autopsy and the name, address and telephone number of the doctor who performed the autopsy.