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**PERSONAL INJURY
INTERVIEW WORKSHEET**

=====
CONFIDENTIAL
=====

Client

Date

injury.21.doc

1. **DATE OF ACCIDENT:** _____ _____ _____

Month Day Year

2. STATUTE OF LIMITATIONS:

Month Day Year

3. CLIENT INFORMATION:

Full Name: _____

SSN: _____ D.O.B. _____ Age: _____

Spouse's Full Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

4. DEFENDANT INFORMATION:

Name: _____

SSN: _____ D.O.B. _____

Address: _____

Phone No: _____

5. ACCIDENT DETAILS:

Location of accident (as to intersections or fixed objects):

Brief Description of Accident:

City: _____ County: _____

Time: _____ Weather Conditions: _____

Witnesses to the accident (in your car, the other car, bystanders, etc):

Was anyone cited by the police? _____

If so, what charge? _____

Have you given a statement to either the investigating police officer or to an insurance representative? _____

If so, do you remember who? _____.

6. INSURANCE INFORMATION:

Tort-feasor's Insurer: _____

Coverages: _____

Adjuster: _____

Claim Number: _____

Phone Number: _____

Fax Number: _____

Client's Insurer: _____

Coverages: **Medical Payments** _____
(Is there a double med pay endorsement for seat belt usage?)

UM/UIM _____

Liability Limits _____
(To see if it's higher than UM/UIM. If so, was the UM/UIM reduction properly done "knowingly and intelligently made?")

Collision Deductible _____

Adjuster: _____

Claim Number: _____

Phone Number: _____

Fax Number: _____

7. PROPERTY DAMAGE INFORMATION:

Was vehicle damaged? _____

If so, what parts? _____

Who is the titled owner of car? _____

Make, Model and Year of Car: _____.

Estimates to repair/FMV of car: _____

Rental/Tow expenses: _____

Property Damage Settled? _____

Do you have photos of the car damage? _____

8. **SPECIAL DAMAGES** (crutches, damage to clothes, watches, care of children, paying someone to do chores around the house):

9. **PAIN & SUFFERING INFORMATION**

a. Description of frequency of pain _____

b. Description of severity of pain _____

c. Description of duration of pain _____

d. Describe what circumstances intensify pain _____

e. Describe what circumstances lessen pain _____

f. Describe any medication you are taking to lessen pain _____

g. Describe how you feel about your pain _____

h. Describe what ways your pain limits your activities relation to:

(i) work _____

(ii) hobbies _____

(iii) family activities _____

(iv) household chores _____

i. Describe all parts of your body in which the pain now manifests itself _____

j. Describe all parts of your body in which the pain first occurred _____

k. Describe whether the pain is localized or whether it occurs in different parts of the body _____

l. If it is not localized, explain what circumstances/events causes it to change ____

m. Describe any other symptoms associated with the pain (irritability, nausea, headache, stress, inability to move body parts, insomnia, etc) _____

n. Has anyone explained the cause of your pain to you? If so, what was said and by whom? _____

o. Explain everything you are doing to cope with your pain _____

p. Any permanent injuries? _____

10. MEDICAL INFORMATION:

Medical Reports from treating physicians:

- _____ 1. _____
- _____ 2. _____
- _____ 3. _____
- _____ 4. _____
- _____ 5. _____

Hospital Records from:

- _____ 1. _____
- _____ 2. _____
- _____ 3. _____

Reports from experts other than treating physicians:

- _____ 1. _____
- _____ 2. _____

11. OTHER ACCIDENTS AND INJURIES:

PLACE	DATE	NATURE OF ACCIDENT OR INJURY	EXTENT OF INJURY

12. WAGE LOSS INFORMATION:

Were you employed at the time of this accident? _____

If so, what is the name and address of your employer?

What was your job title?

What type of work does this job entail?

What is your rate of pay?

How many hours per week were you working regularly immediately prior to the accident? _____

How long have you been employed there?

Have you missed any work as a result of your injury? _____

If so, list the inclusive dates you were unable to work:

From: _____	To: _____
From: _____	To: _____
From: _____	To: _____
From: _____	To: _____

Did you before this accident lose time from work due to an injury?

13. FACT-FINDING INFORMATION:

- _____ Contingency Contract
- _____ Letter of Representation to Tort-Feasor Ins. Co.
- _____ Letter to Client's Ins. Co. RE: Med Pay
- _____ Signed Employment Authorizations
- _____ Signed Medical Authorizations
- _____ Accident Report

TO DO LIST

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