

# CLIENT INFORMATION & INTERVIEW PERSONAL INJURY

## **Client Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

## **The Incident:**

Date of Accident (DOA): \_\_\_\_\_

Location: \_\_\_\_\_

Weather conditions: \_\_\_\_\_

Time of Accident: \_\_\_\_\_

Which police department(s) responded? \_\_\_\_\_

What, if any, police action was taken?

\_\_\_\_\_

In your own words, what happened?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Have you missed work as a result of this accident? \_\_\_\_\_  
If so, how much? \_\_\_\_\_

Has your medical practitioner told you that you will miss more time from work? \_\_\_\_\_  
And if so, how much? \_\_\_\_\_

**Medical:**

Have you ever been in an accident before? \_\_\_\_\_

a. When? \_\_\_\_\_

b. Where? \_\_\_\_\_

c. Did you receive medical treatment? \_\_\_\_\_

d. Who treated you, and for what were you treated? \_\_\_\_\_

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Did EMS take you to the hospital? \_\_\_\_\_

If so, which one? \_\_\_\_\_

What injuries occurred?

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What are your present physical complaints?

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Did you have any previous health issues or concerns?

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Have you been in another accident in the past 10 years?

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How have your injuries impacted your day to day activities?

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Has your mood or temperament changed since the accident?

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List of hospitals, specialists, and medical providers that you have been to/been seen by  
thus far: \_\_\_\_\_

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