
LAW OFFICES OF
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WWW.PROTECTINGTHEINJURED.COM

PHONE INTAKE QUESTIONNAIRE – ANY NEGLIGENCE CASE (SLIP & FALL, AUTO, ETC.)

(last updated 11/24/04 by rtw)

(Doctor We Referred to (if applicable):

Name of person doing intake: _____

Name of caller: _____ Relationship of caller to Injured: _____

Today's date: _____

Address of caller: _____

Phone numbers of caller:

Home: _____

Work: _____

Cell: _____

Date of Birth of Injured Party: _____

Who referred you to us?

___ T.V. ___ Yellow Pages ___ T.V & Yellow Pages
___ Person or Lawyer/ Their Phone # _____

Date of accident: _____

Type of accident (auto; slip & fall; wrong death, dog bite, etc.): _____

Description of incident:

List all injuries/scars:

How many people were injured as a result of this incident? _____

List Names & Telephone Numbers

Name of your car insurance company **ON DATE OF ACCIDENT** (if an auto case):

Do you know the Defendant's Name?

DO YOU KNOW THE INSURANCE COMPANY of the person who caused the accident? (It's on the police report, probably)

Name of company: _____

Policy #: _____

Is there a police report? _____ YES _____ NO (Bring it in!) Anyone get a ticket (if an auto case):
_____ YES _____ NO

If YES, Who (you or other driver?) _____

Where is your car? _____ Is your car drivable? YES _____ NO _____

Has it been repaired? _____

If drivable, bring the car to the appointment

Are you aware of any photographs of the car(s) or the accident scene? _____ YES _____ NO

Taken by: Whom? _____

When? _____

What other attorneys have you called or been represented by in this matter? **Names:**

Why turned down/ not representing you currently?

PLEASE BRING WITH YOU (TO YOUR INITIAL APPOINTMENT): (ASK CLIENT TO WRITE THIS DOWN)

- 1) Driver's License & Social Security Card
- 2) Health Insurance Cards, including Medicaid/Medicare
- 3) Photos of your injuries, if applicable and photos of the car itself, if not already fixed.
- 4) Names/ phone #s of doctors/ hospitals you have already seen as a result of the accident
- 5) ANY MEDICAL RECORDS YOU HAVE (related to this matter)

Results of Call: _____ Turndown _____ Appt. Sched. For _____

Physician We Referred To: _____

Attorney We referred to: _____

Other: (please explain) _____
