

CLIENT INTAKE INFORMATION

Name: _____

Address: _____

Phone: (H) _____ (Cell) _____ E-mail: _____

If you're working and we can call you there, provide that number: _____

Who referred you to us? _____

If you weren't referred, how did you find us? _____

What's your date of birth? _____ That makes you how old today? _____

Are you married? _____ Spouse's name? _____

Do you have kids under 18? _____ Are they dependents in your household? _____

"Enrolled" kids under 23? _____

Why are you here today? _____

What's the nature of your injury or occupational disease? _____

What's the date of injury or manifestation attached to your claim? _____

Do you agree that date is correct or appropriate? _____

How did you get hurt? What happened? _____

Were there any witnesses? _____ Who? _____

Who was your employer? _____

Christine A. Foster
Attorney at Law

Natasha E. Staton
Attorney at Law

Robert A. Silber
Attorney at Law

How long had you worked for that employer? _____

Give a brief job description, or job title: _____

Are you back to work for that employer? _____

Doing the same thing, or are you working in a different position? _____

If you are working with restrictions, what are they, and which doctor made that recommendation? _____

If you're off work due to your injury, do you hope to return to that employer? _____

On the day of your injury, what was your wage rate or salary? _____

Hours worked per week? _____ Regular overtime? _____

Shift differential(s)? Anything similar? _____

Did you have health insurance benefits? _____ Did the employer pay them? _____

ANY other benefits? (Fuel, boarding, per diem, etc.?) _____

If paid by the employer, how much were they a month? _____

Do you still have those benefits? _____ If not, when did they end? _____

If you're working now, is your wage or salary different? Explain _____

Are you a union member, and if so which union? _____

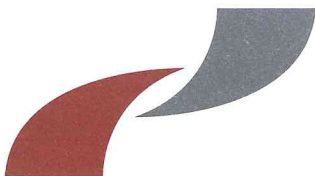
What's your Claim Number? _____

Claims Manager's Name and Unit number: _____

Address: _____

Phone: _____ Fax Number: _____

Was your claim accepted without any problems? _____



Do you think you're getting the appropriate benefits? _____ If not, explain:

Do you think all of the injuries and conditions that are related to this date of accident have been accepted as part of your claim? _____

If not, explain additional injuries: _____

What doctor did you first see? _____

Who is your treating physician right now? _____

Are you satisfied with him/her? _____ If not, why not? _____

What kind of medical treatment are you getting now? _____

Has doctor-recommended treatment been denied or ignored? If so, what treatment?

Present physical complaint/symptoms: _____

Are you getting vocational assistance? _____ From whom? _____

With regard to your injuries, claim, and employment, what are you most hoping will happen?

Is there any other information or questions that you want to share or discuss?

