



Personal Injury Intake Sheet

Name:
Address

Phone No.:
Referred by:

Date of Accident:

Location of Incident:

Is there a police report: Yes or No

Were you injured? Yes or No

Injuries (Body Parts):

Did you seek treatment? Yes or No

Name of Doctor/Clinic:

Address:

Phone Number:

Auto Policy Insurance Information:

Was the person at fault insured? Yes or No

Their Auto Insurance Information:

Do you have an attorney?

\*\*\*\*\*If a consultation appointment is set, please bring in your auto insurance policy and Traffic Collision Report \*\*\*\*\*