



AZ LAW FIRM

DOWNTOWN AUSTIN | SOUTH AUSTIN | KYLE | SAN MARCOS | PFLUGERVILLE

TELEPHONE: (512) 400-7070

FAX: (512) 532-7766

PERSONAL INJURY

INTAKE SHEET

INITIAL CLIENT STATEMENT

PERSONAL INFORMATION:

Name: _____

Address: _____

Telephone Number: (home) _____

Age: _____ Date of Birth: _____ Social Security No: _____

EMPLOYER: _____

Address: _____

Telephone Number: (work) _____

Occupation: _____ Worked there how long? _____

Immediate Supervisor: _____

EMERGENCY CONTACT:

Name: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

INSURANCE AND REPORT

Did the police arrive on the scene, if so what city? _____

Did anyone receive a citation, if so whom? _____

Do you or the other driver have insurance (if so attach a copy of available insurance) if so,
please provide name of insurance company and a policy number.

Prior similar injuries, treated medical conditions and/or symptoms

to same area or current injury (Dates/Drs.): _____

Prior claims and/or settlements (types, dates, attorneys):

List any prior injury settlements: _____

ACCIDENT INFORMATION:

Accident Date: _____ Date of Week: _____

Time: _____ am/pm

Location: (Be Specific) _____

Where were you coming from? _____

Where were you going? _____

DETAILS OF INCIDENT:

DESCRIPTION OF INCIDENT: (BE SPECIFIC-- GET AS MUCH DETAIL AS POSSIBLE)_____

MEDICAL INFORMATION:

Were you injured in this accident? _____ Describe: _____

Did you go to the hospital? _____

Which hospital _____

Admitted or Out Patient? _____

If admitted, release date: _____

X-Rays taken? _____ Were you taken by ambulance? _____

Are you under the care of a physician now? _____

List All Providers (Doctors, Hospitals and Clinics), with dates, seen due to the injuries sustained from the date of loss in question:
