CALLER INFORMATION

Caller Name:_____Relationship:_____
Home :_____Work:_____Cell: _____
Email:_____
Preferred Method of Contact:_____

INJURED PARTY'S INFORMATION

Injured Party's Name:_____
DOB:_____Married:_____Spouse Name: _____
ð Minor ð Disabled ð Deceased Date of Death:_____

MEDICAL NEGLIGENT INFORMATION

What injuries were sustained:_____
Date of suspected negligence:_____
What do you claim a doctor/provider did or did not do to cause an injury:_____
_____
_____
Who is the claim against:_____
What date were symptoms first noticed: _____
Did the injury require additional surgery:_____
Where:_____Surgeon:_____Date:_____
Any follow up treatment (dates and locations and treatment provided):_____
_____
_____
_____
_____
_____
Current health status/treatment/permanency of injuries sustained:_____
_____
_____
Caller/Injured in possession of medical records?:_____
_____
Subsequent treating doctor's comments:_____
Did a treating doctor recommend any treatment that the injured declined? If so, what was recommended and why was it declined?
_____
_____
_____
_____
_____
_____

CALLER/INJURED INFORMATION

Injured's health prior to injury, to include any and all illnesses and conditions the injured had prior to claimed negligence:_____

_____

_____

Injury occurred during routine, elective, emergency medical treatment?:_____

_____

Did the injured miss time from work?_____

How long?:_____Job:_____

SSDI:_____Reason (mental or physical):_____

Disability Award related to this incident?:_____

IF DECEASED

Date of Death:_____Place of Death:_____

Copy of Death Certificate:_____Cause listed on Death Certificate:_____

_____

Autopsy performed:_____Where:_____

Copy of Autopsy Report:_____

Does Death Certificate state that the Autopsy report was available before cause of death was determined:_____

_____

Was an estate opened:_____PR:_____

Does Caller have a Letter of Administration:_____

Names and ages of all surviving children:_____

_____

_____

ADDITIONAL NOTES OR COMMENTS

_____

_____

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GUARDIAN/REPRESENTATIVE INFORMATION

(If applicable (i.e.: death, minor, disabled))

Guardian:_____Relationship:_____

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INTAKE INFORMATION

Intake completed by:_____Date:_____

Reviewed by attorney:_____Date:_____

ð Decline ð Accept ð Refer Out ð Will Review Records ð Opened in TM

FOR FIRM USE

How were you referred to our firm:_____

Have you consulted with another attorney:_____

Attorney Name & Date of Consult:_____