CLIENT INFORMATION:

Your Name: ______________________ Email: ______________________

Address: ______________________

Home Phone Number: (____)__________ Cell #: (____)__________ Work #: (____)__________

Social Security Number: __________ Date of Birth: __________ Are you under 25? Yes / NO

EMPLOYER INFORMATION

Employer Name: ______________________ Employer Phone Number: ______________________

Employer Address: ______________________ Job Title: ______________________

How many years at the job: ________ Approximate Weekly Earnings Before Taxes: __________

Do you have a 2nd Employer? Yes / No If yes : Name/Address of Concurrent Employer: ______________________

ARE YOU A UNION MEMBER? If yes, List Name and Local #: ______________________

WHO IS YOUR UNION REP/SHOP STEWARD? ______________________ Phone Number: (____)__________

ACCIDENT INFORMATION

Date of Accident: __________ Is this a claim for an Occupational Disease/Repetitive Stress Injury: Yes / No

Location Where Accident Occurred: ______________________

Have you given Notice of the Injury/Claim to your Employer: Yes / No Was it Given: Orally / In writing

List the name of persons Notice given to: ______________________ Who is your Direct Supervisor? __________

Names of Any Witnesses: ______________________ Was an Accident Report Filed: Yes / No

Briefly describe how Accident occurred: ______________________

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What are all the sites of Injury Claimed: ______________________

Were you treated at the Hospital: Yes / No If yes, List Hospital and Date of treatment and release: __________

Were you take by Ambulance: Yes / No Have you Lost Time from Work: If yes, How much: __________

Names, Address's and Telephone Numbers for your Current Doctor's: ______________________

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WCB #(if given one yet) __________ Carrier Name: ______________________ Carrier Case #: __________

Do you have ANY prior Workers Compensation Cases: If yes list d/a and WCB #'s: ______________________

Do you have a 3rd party Attorney for this case: If yes please provide their contact info: ______________________

WHO REFERRED YOU TO OUR OFFICE: ______________________

INTAKE DONE BY : ______________________