

PERSONAL INJURY (NON-COLLISION) INTERVIEW REPORT

Date of Injury: _____

PERSONAL INJURY - CLIENT DATA	
Name	
Address	
City, State, Zip	
Email Address	
Cell Phone	
Home/Work Phone	
Soc Sec No.	
Date of Birth	
Place of Birth	
Driver's License No.	
Education	
Medicare Eligible?	
Military Service?	
Marital Status, Spouse	
Children, Names & Ages	

WORK BACKGROUND	
Employer	
Job Title & Duties	
Length of Employment	
Payroll Admin.	
Sup's Name & No.	
Rate of Pay, Hours/Wk	
Time Loss	
Employer	

CLIENT'S INSURANCE	
Health Insurance	
Subscriber Name & No.	
Group No.	

THIRD (AT-FAULT) PARTY'S INFO	
Company Name	
Owners' Names	
Address	
City/State/Zip	
Phone No.	
Claims Adjuster	
Claim Number	
Address	
City/State/Zip	
Phone No.	
Fax No.	

INVESTIGATION	
Gov't Agency	
Officer/Inspector	
Address	
City/State/Zip	
Phone No.	
Email/Fax No.	
Case No.	
Citations Issued	
Witness(es)	
Phone No.	

INJURIES			
<i>Injured Area</i>	<i>Pain Level (1-10)</i>	<i>Description/Frequency</i>	<i>Still Treating?</i>
Head:			
Face:			
Neck:			
Upper Back:			
Mid Back:			
Lower Back:			
Shoulders: L / R			
Arms/Hands: L / R			
Legs: L / R			
Chest/Abdomen:			
Other:			
Other:			

PROVIDERS		Prior?
<u>Hospital/ER</u>		
Address		
Phone No.		
Fax No.		
<u>Medical Doctor</u>		
Address		
Phone No.		
Fax No.		
<u>Medical Doctor</u>		
Address		
Phone No.		
Fax No.		
<u>Physical Therapist</u>		
Address		
Phone No.		
Fax No.		
<u>Chiropractor</u>		
Address		
Phone No.		
Fax No.		
<u>Massage</u>		
Address		
Phone No.		
Fax No.		
<u>Other</u>		
Address		
Phone No.		
Fax No.		

