

PERSONAL INJURY

DATE: _____

CLIENT'S NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

TELEPHONE: CELL _____ HOME: _____

WORK: _____

DATE OF BIRTH: _____ AGE: _____ SSN: _____

DATE OF INJURY: _____ COUNTY IN WHICH INJURY OCCURRED: _____

DESCRIPTION OF ACCIDENT:

EXPLAIN INJURY (BODY PARTS AFFECTED):

WITNESSES, IF ANY: _____

TO WHOM WAS THE INJURY REPORTED? _____

LIST EVERYWHERE YOU HAVE BEEN FOR TREATMENT BEGINNING WITH EMS OR THE HOSPITAL:

HEALTH INSURANCE COMPANY: _____

TIME MISSED FROM WORK: _____

HAVE YOU EVER HAD AN INJURY TO THE SAME BODY PART THAT YOU INJURED IN THIS ACCIDENT? IF SO, EXPLAIN WHEN AND WHERE YOU TREATED: _____

HOW WERE YOU REFERRED TO THE HAYES LAW FIRM? _____

