

**Office Use Only**

Worker's Compensation Yes No

FILE #:

Medicare Yes No

**PLEASE PRINT CLEARLY**

NAME: \_\_\_\_\_ SEX (M / F)

SPOUSE/GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ @ \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ DOB: \_\_\_\_\_ SS: \_\_\_\_\_

WORK ( ) \_\_\_\_\_

CELL PHONE OR PAGER ( ) \_\_\_\_\_

HOW DID YOU FIND US? REFERRED BY: \_\_\_\_\_

TV AD: \_\_\_\_\_ YELLOW PAGES AD: \_\_\_\_\_ OTHER (explain) \_\_\_\_\_

**ACCIDENT INFORMATION**

DATE OF ACCIDENT: \_\_\_\_\_ TIME: \_\_\_\_\_ (AM/PM) \_\_\_\_\_

PLACE OF ACCIDENT: \_\_\_\_\_

ACCIDENT DESCRIPTION: \_\_\_\_\_

WHERE IS YOUR PAIN? \_\_\_\_\_

POLICE PRECINCT: \_\_\_\_\_ ACCIDENT #: \_\_\_\_\_

WITNESSES (names & addresses): \_\_\_\_\_

**Identity of the vehicle you occupied or operated at the Time of the Accident:**

Owner's name: \_\_\_\_\_

Plate #, Make, model & year of vehicle: \_\_\_\_\_

Were you the driver of the vehicle?..... Yes \_\_\_\_\_ No \_\_\_\_\_

Were you a passenger in the vehicle?.... Yes \_\_\_\_\_ No \_\_\_\_\_

Were you a pedestrian?..... Yes \_\_\_\_\_ No \_\_\_\_\_

Were you a member of the policyholder's household?..... Yes \_\_\_\_\_ No \_\_\_\_\_

Do you or a relative with whom you reside own a vehicle?..... Yes \_\_\_\_\_ No \_\_\_\_\_

Were you treated by a doctor(s) or other people furnishing health services?(Yes/No) \_\_\_\_\_

Name and address of such doctor(s) or person(s) \_\_\_\_\_

If you were treated at a hospital were you an INPATIENT OR OUTPATIENT. *Please circle one.*

Date of admission \_\_\_\_\_

Name and address of hospital: \_\_\_\_\_

Amount of health bills to date \_\_\_\_\_ Will you have more health treatment Yes/No \_\_\_\_\_

At the time of the accident, were you in the course of your employment? Yes or No \_\_\_\_\_

Did you lose time from work? \_\_\_\_\_ If so how much time? \_\_\_\_\_

Were you receiving unemployment benefits at the time of the accident? \_\_\_\_\_

What are your average weekly earnings? \_\_\_\_\_

If you lost time from work, date absence began \_\_\_\_\_

Have you returned to work? Yes/No \_\_\_\_\_ If so, give date \_\_\_\_\_

Number of days you work per week \_\_\_\_\_ Number of hours per day \_\_\_\_\_

**List the name and address of your employer and other employers for one year prior to the accident date giving occupation and dates of employment:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As a result of your injury, have you had any other expenses? (Yes or no) \_\_\_\_\_ If so explain..

Due to this accident, have you received or are you eligible for payments under any of the following?

New York State Disability            Yes    \_\_\_\_\_            No    \_\_\_\_\_

Workers' Compensation            Yes    \_\_\_\_\_            No    \_\_\_\_\_

**AUTOMOBILE INSURANCE INFORMATION (if known)**

YOUR AUTO INSURANCE COMPANY: \_\_\_\_\_

POLICY #: \_\_\_\_\_ CLAIM #: \_\_\_\_\_

NAME OF CLAIMS REPRESENTATIVE (if known): \_\_\_\_\_

**OTHER VEHICLE INFORMATION (if known)**

INSURANCE COMPANY: \_\_\_\_\_

PLATE #: \_\_\_\_\_ CLAIM #: \_\_\_\_\_

NAME OF CLAIMS REPRESENTATIVE (if known): \_\_\_\_\_

IF THIS IS *NOT* A MOTOR VEHICLE ACCIDENT, WHAT IS YOUR PRIVATE HEALTH INSURANCE COMPANY: \_\_\_\_\_

ARE YOU RECEIVING PUBLIC ASSISTANCE AND/OR MEDICAID BENEFITS? YES OR NO

**ANY PRIOR ACCIDENTS? INJURIES? IF SO PLEASE BRIEFLY EXPLAIN)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THE ABOVE STATED INFORMATION IS ALL TRUE TO THE BEST OF MY KNOWLEDGE.  
(PLEASE SIGN AND DATE BELOW)

\_\_\_\_\_  
CLIENT

\_\_\_\_\_  
DATE

Note to Clients:

Clients deserve to be kept informed and updated on the status of their cases. We will make a continued effort assure that you understand what is happening with your case.

Please let me know whether you prefer periodic written updates, telephone updates, e-mail updates or schedule office appointment updates. Please check your choice(s).

\_\_\_\_\_ WRITTEN UPDATES

\_\_\_\_\_ TELEPHONE UPDATES

\_\_\_\_\_ SCHEDULED IN-OFFICE APPOINTMENTS

\_\_\_\_\_ E-MAIL UPDATES (e-mail address \_\_\_\_\_ @ \_\_\_\_\_ )

**THANK YOU**