

NEW CLIENT INFORMATION SHEET - RATED _____

Today's date: _____ and Time: _____

Your full legal name: _____

Full mailing address: _____

Date of birth: _____ SS#: _____ Cell: _____ - _____ - _____

Home phone: _____ - _____ - _____ Work phone: _____ - _____ - _____ E-mail: _____

Who/What referred you to our office? _____

Date, Time & and location of incident? _____

Accident Description: _____

Was the other driver ticketed? _____ Were you Cited? _____

Conversation with Defendant at the time of the mva or afterwards: _____

Lose Consciousness? _____ Wearing seatbelt? _____ Strike Body Parts in Car? _____

Witnesses? _____

List any and all injuries: _____

Current symptoms: _____

Ambulance? _____ Fire? _____ Police? _____

What Hospital? _____ When? _____

What procedures done at hospital? _____

Medical Doctors: _____

Date of 1st MD appt.: _____ Next MD Follow up appt.: _____

Other MD's Seen: _____

X-Rays, CT Scans, MRI's? _____

Chiropractor: _____

Physical Therapy: _____

Medications: _____

Miscellaneous Treatment: _____

Any GAPS in Treatment: _____ When/how long? _____

Who injured you & their insurance? _____

What was the year/make/model of the vehicle that hit you? _____

What was the year/make/model of your vehicle? _____

Your insurance company and your UIM/UM limits? _____

Health Insurance/Medicaid/Medicare? _____

Outstanding Medical Bills? _____ Who do you live with? _____

Do you have renters, homeowners, or other insurance policies? _____

Where is your vehicle now? _____ Extent of damage? _____

Property Photos Taken/by whom? _____ Recorded statement given? _____

Have you missed any work/How much? _____

Who is your employer: _____ In course of employment when injured? _____

Position/Duties: _____ How long worked there? _____

Activities you are unable to do since the MVA: _____

Top 3 Injuries/Issues: _____

Prior MVA/WC? _____

Prior Injuries? _____

When is the last time you treated for these injuries PRIOR to this mva? _____

Any Prior Treatment with Current providers? _____

When? _____

Medical Marijuana Card? _____

Any Felonies in past 10 years? _____

When did you pain start? _____

What happened in the hours following the crash? _____

What was life like 1-2 years before the crash? _____

Value	Case:	What makes an A+ case
9		Liability – Police, photos, witnesses:
8		Diagnosed Severe Injuries – Surgery, TBI, alar tear, amputations, etc.
7		Priors – treatment, Injuries, Crashes, W.C.-
5		Defendant’s Conduct: running from scene, DUI, drugs, cell phone, semi-truck, corporation, <i>Aggravated circumstance</i> :
5		Property / Speed:
5		Symptoms & Activities can & can’t do –effect on lifestyle:
5		Wage loss – major effect on employment:
3		Likeable, kind client w/ integrity:
3		Ambulance:
Special Circumstances		
Total 50		
Rate:		

Key

A: 40 - 50

B: 30 - 39

*** Points to remember:

Client may not be educated and know what is wrong.

If the crash happened early, consider a higher rating for injuries if the client is complaining of a lot. Because it is early, we don’t know what the injuries are until they’ve seen a doctor.

Defendant’s conduct –if commercial vehicle, rate higher. Liability –some may just be too early, but remember, rear-end, presumption of negligence.