

New Client Intake Sheet

Intake Done By: _____

Date of Intake: _____
Ref. By: _____

Client Name: _____ Home Phone: _____

Date of Birth: _____ SSN: _____ Cell Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Spouse: _____ Contact/Nearest Relative: _____ Phone: _____

Employer: _____ Work Phone: _____

Employer's Address: _____ City: _____ State: _____ Zip: _____

Wage Rate: _____ Job Description: _____

Plaintiff's Auto Insurance: _____ Policy/Claim No: _____

Adjuster: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

Plaintiff's Health Insurance: _____

Defendant's Name/Address: _____

Defendant's Auto Insurance: _____ Policy/Claim No: _____

Adjuster: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

Plaintiff Property Damage Amount: _____ Year/Make/Model Car: _____

Defendant Property Damage Amount: _____ Year/Make/Model Car: _____

Date of Accident: _____ Type of Accident: _____ Location: _____

Facts of Accident: _____

Name of Responding Police Dept: _____ Report No: _____

Witnesses: _____ Ambulance: _____

Name of Emergency Room: _____ ER Date: _____ X-Rays: _____

Treating Physician: _____ Phone: _____

Physical Therapy: _____

Injuries: _____

Hospital Admission: _____ If yes, Name of Hospital and Date of Admission: _____