

AUTO ACCIDENT INTAKE SHEET

Consultation Date: _____

Date of Injury: _____

SOL: _____

PERSONAL INFORMATION

Name:		Spouse's Name:	
Address:		City, State, Zip:	
Date of Birth:		Soc. Sec. No:	
Home Phone:		Parent's Phone:	
Work Phone:		Cell Phone:	
E-mail Address:		Referred by:	
D/L No.:		Prior Injuries:	
Prior Injury Details:			
Employer:			
Employer Address			
Occupation:			
Time Missed:		Rate of Pay?	

ACCIDENT INFORMATION

Location:			
Direction of Travel:		No. of Passengers:	
Description of Accident:		Time:	
Did the Police Respond to the Scene?		Report #:	
Injuries:		Cell Phone:	
Witnesses:			

PROPERTY DAMAGE INFORMATION

VIN No.:		Color:	
Year/Make/Model:		Tag No:	
Damages:			
Is your vehicle totaled?			
Current location of vehicle			
Have you received a damage estimate / appraisal?			

HOUSEHOLD INSURANCE INFORMATION, If Application (Qualify for PIP)

Company:	
Address:	City, State, Zip:
PIP Waived: YES / NO (circle one)	Claim No.:
Policy No.:	Adjuster Name:
Phone No.	Fax:
E-mail Address:	
Insured Owner:	Relationship to Client:

HOST VEHICLE INSURANCE INFORMATION

Name of Driver:	
Address:	City, State, Zip:
Telephone No.:	
Insurance Company Name:	Report #:
Company Address:	
Adjuster:	Policy No.:
Phone No.:	Fax No.:
Phone No.:	Fax No.:
Insured Owner:	Relationship:

AT-FAULT VEHICLE INSURANCE INFORMATION

Name of Driver:	
Address:	City, State, Zip:
Telephone No.:	
Insurance Company Name:	Report #:
Company Address:	
<u>BI Adjuster</u>	<u>PD Adjuster</u>
Phone No.:	Phone No.:
Fax No:	Fax No.:
Insured Owner:	

PROVIDER INFORMATION	
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Hospital:	
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How did you arrive?	City, State, Zip:
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Physical Therapist Office:	
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Address:	
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Phone No.:	Fax No:
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HEALTH INSURANCE INFORMATION	
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Insurance Company Name:	
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Subrogation Office:	City, State, Zip:
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Policy No:	Group No.:
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Insurance Co. Phone No:	
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Subrogation Phone No.:	Subrogation Fax No:
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Insured's Name:	Relationship:
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Comments:
