

**CLIENT INTAKE FORM**

**[Law Firm Name]**

**[Law Firm Address]**

Nursing Home Client

CLIENT INFORMATION

Name:

DOB:

Social Security #

Address:

Time at that Address: \_\_\_\_\_ years \_\_\_\_\_ months

Home #:

Work #:

Cell #:

Fax #:

E-mail Address:

Former/ Maiden Name(s):

INJURY INFORMATION

Date of injury: \_\_\_\_\_

Describe what occurred and any possible malpractice:

NURSING HOME INFORMATION

Name:

Address:

Phone #:

Fax #:

List all Treating Doctors:

List all Treating Nurses:

List all Treating Specialists:

INJURY INFORMATION

List all injuries sustained:

List all physicians, hospitals, or others you believe may be responsible:

Your health insurance(s) (name and phone number):

List all doctors, hospitals, physical therapists, chiropractors, or others who have treated you for this injury:

Name:

Phone #:

Address:

Name:

Phone #:

Address:

Name:

Phone #:

Address:

Name:

Phone #:

Address:

Have you ever suffered injuries or had illnesses similar to those suffered in this incident? Please describe all of them and give dates.

Employment Information:

Current Employer:

Job Position/Title:

Employer's Address/phone number:

Length of Time with Employer: years

Gross Monthly Income: \$

Have you lost wages due to your injury?

How many days/ months?

Do you expect to lose additional income in the future?

Marital Status:

Current Prescription Medications Being Taken, Including Current Dosage and Name of Prescribing Physician or Medical Provider:

Current Over-the-Counter Medicines Being Taken

Previous Prescription Medications Taken, Including Dosage and Name of Prescribing Physician:

Do your injuries prohibit performance of any daily living activities? (Examples: Can you brush your hair? Perform household tasks such as cleaning and cooking?) If so, for how long have you been unable to perform these activities?:

Hobbies/Interests:

Does illness prevent you from engaging in these hobbies/interests?

Do you have a history of treatment for chemical dependency?

Do you have a history of psychiatric or psychological treatment?

Do you have a criminal record?

Have you ever made any previous claims for personal injuries, medical malpractice, workers' compensation, or social security disability? If yes, please explain:

Tips:

1. Take pictures of all injuries to the extent possible
2. Don't give information to anyone else but us.
3. Send bills or receipts related to word and medical visits.