

PERSONAL INJURY QUESTIONNAIRE Non-Automobile or Workers Compensation

Please answer all of the following questions completely.

1. Name _____
2. Address _____
City, State, Zip _____
3. Phone Number: Home _____ Work _____
4. Please describe the injury in your own words:

5. Was there anything in particular that you think caused the injury: example: wet floor
Please Describe _____

6. Where did the injury occur? _____
7. City/Town: _____ State: _____ Telephone # _____
8. Date of injury: _____ Time: _____ AM PM
9. Did anyone witness your injury? Yes No Who? _____
10. Did you report the injury to anyone Yes No To Whom? _____
11. Was the report written verbal
12. Have you retained an attorney No
13. If Yes, please give name and address: _____

14. Immediately after the injury were you: conscious dazed unconscious
15. If you lost consciousness, how long? _____
Did you go to the hospital? Yes No
Name of hospital _____ Name of doctor _____
Diagnosis _____
Treatment Received _____
16. If yes, when? right after the injury next day other _____
17. If yes, how did you get there? ambulance other: _____
18. If by ambulance, did the ambulance attendants place you in a: neck brace
 back brace other _____