

# Personal Injury Intake Form

## Instructions

Please print out the form below and fax it to *The Pagano Law Firm* at (484) 442-8742. Please do so in advance of your scheduled meeting.

### I. Client Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

### II. Accident Information

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_

Type of Accident: Auto \_\_\_\_\_ Slip & Fall \_\_\_\_\_  
Other \_\_\_\_\_

Location: \_\_\_\_\_

Description: \_\_\_\_\_

Witnesses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Police Notified: \_\_\_\_\_ Report Made: \_\_\_\_\_ By Whom: \_\_\_\_\_

Were any arrests made: \_\_\_\_\_ Tickets: \_\_\_\_\_

Name of Defendant: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Did you make a statement to anyone other than this office: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### III. Medical Information

Attending Physician & Other Medical Providers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Injuries: \_\_\_\_\_  
\_\_\_\_\_

**Previous Injury History:**

(1) \_\_\_\_\_  
Where Hospitalized: \_\_\_\_\_ When: \_\_\_\_\_  
Doctor: \_\_\_\_\_

(2) \_\_\_\_\_  
Where Hospitalized: \_\_\_\_\_ When: \_\_\_\_\_  
Doctor: \_\_\_\_\_

**IV. Insurance**

Auto Coverage: \_\_\_\_\_  
Company: \_\_\_\_\_  
Limits: \_\_\_\_\_  
Full or Limited Tort: \_\_\_\_\_  
Underinsured / Uninsured Motorist Coverage: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Defendant's Auto Insurer: \_\_\_\_\_

**V. Client's Vehicle (where applicable)**

Type of Vehicle: \_\_\_\_\_ Year: \_\_\_\_\_  
Driven from Scene: \_\_\_\_\_ Towed by Whom: \_\_\_\_\_  
Approximate Damage to Vehicle: \_\_\_\_\_

**VI. Employment Information**

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_  
Salary: \_\_\_\_\_ Date Employment Started: \_\_\_\_\_  
Hours/Full Time/Part Time: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Light/Restricted Duty Available: \_\_\_\_\_