

Date:

Page 1 of 9

**Personal Information - Client**

<b>Name:</b>			<b>Gender:</b>		
<b>Address:</b>					
<b>Telephone:</b>	<b>Residence:</b>	<b>Cellular:</b>		<b>Facsimile:</b>	
<b>Age:</b>	<b>Birth Date:</b>		<b>Birth Place:</b>		
<b>Marital Status:</b>		<b>Date:</b>		<b>Place:</b>	
<b>Marriage/Separation Agreement:</b>			<b>Particulars:</b>		
<b>Social Insurance #:</b>			<b>S.H.S.P. #:</b>		
<b>Education:</b>					
<b>Social Activities:</b>					
<b>Prior Physical Condition:</b>					

**Employment Information - Client**

<b>Employer:</b>					
<b>Address:</b>					
<b>Telephone:</b>	<b>Business:</b>	<b>Cellular:</b>		<b>Facsimile:</b>	
<b>Position:</b>		<b>Status:</b>		<b>How Long:</b>	

**Business Information**

<b>Name:</b>					
<b>Type:</b>			<b>Start Date:</b>		
<b>Nature of Business:</b>					
<b>Instructions Authorized By:</b>				<b>Date:</b>	
<b>Officer/Partner:</b>			<b>Address:</b>		
<b>Officer/Partner:</b>			<b>Address:</b>		
<b>Officer/Partner:</b>			<b>Address:</b>		

**Spouse Information**

<b>Name:</b>			
<b>Telephone:</b>	<b>Cellular:</b>	<b>Business:</b>	<b>Facsimile:</b>
<b>Age:</b>	<b>Birth Date:</b>	<b>Employer:</b>	

**Information - Children**

<b>Name:</b>		
<b>Birth Date:</b>	<b>Marital Status:</b>	<b>Emp. Status:</b>
<b>Address:</b>		
<b>Name:</b>		
<b>Birth Date:</b>	<b>Marital Status:</b>	<b>Emp. Status:</b>
<b>Address:</b>		
<b>Name:</b>		
<b>Birth Date:</b>	<b>Marital Status:</b>	<b>Emp. Status:</b>
<b>Address:</b>		
<b>Name:</b>		
<b>Birth Date:</b>	<b>Marital Status:</b>	<b>Emp. Status:</b>
<b>Address:</b>		
<b>Name:</b>		
<b>Birth Date:</b>	<b>Marital Status:</b>	<b>Emp. Status:</b>
<b>Address:</b>		

**Mentally/Physically Challenged or Otherwise Dependent**

<b>Name:</b>		
<b>Age:</b>	<b>Birth Date:</b>	<b>Birth Place:</b>
<b>Address:</b>		
<b>Name:</b>		
<b>Age:</b>	<b>Birth Date:</b>	<b>Birth Place:</b>
<b>Address:</b>		

**Occurrence Particulars**

<b>Date:</b>	<b>Time:</b>	<b>City/Town/etc.:</b>
<b>Client Involved As:</b>		<b>Location:</b>
<b>Weather:</b>		<b>Road Surface:</b>
<b>Visibility:</b>		
<b>Accident Description:</b>		

**Vehicle #1 Particulars - Client**

<b>Owner:</b>	<b>Injured?</b>	<b>Driver:</b>	<b>Injured?</b>
<b>Address:</b>		<b>Address:</b>	
<b>City/Prov./PC:</b>		<b>City/Prov./PC:</b>	
<b>Plate #:</b>	<b>Prov.:</b>	<b>D.L. #:</b>	<b>Prov.:</b>
<b>Auto Make, etc.:</b>		<b>Seat Belt?</b>	<b>Travel Direction?</b>
<b>Condition:</b>	<b>Damage Amt.:</b>	<b>Speed:</b>	<b>Headlights</b>
<b>Passenger:</b>	<b>Address:</b>		<b>Injured?</b>
<b>Passenger:</b>	<b>Address:</b>		<b>Injured?</b>
<b>Passenger:</b>	<b>Address:</b>		<b>Injured?</b>
<b>Passenger:</b>	<b>Address:</b>		<b>Injured?</b>
<b>Passenger:</b>	<b>Address:</b>		<b>Injured?</b>

## Vehicle #2 Particulars

Owner:		Injured?	Driver:		Injured?
Address:			Address:		
City/Prov./PC:			City/Prov./PC:		
Plate #:	Prov.:	D.L. #:		Prov.:	
Auto Make, etc.:		Seat Belt?		Travel Direction?	
Condition:		Damage Amt.:		Speed:	
Headlights					
Passenger:		Address:			Injured?
Passenger:		Address:			Injured?
Passenger:		Address:			Injured?
Passenger:		Address:			Injured?
Passenger:		Address:			Injured?

## Vehicle #3 Particulars

Owner:		Injured?	Driver:		Injured?
Address:			Address:		
City/Prov./PC:			City/Prov./PC:		
Plate #:	Prov.:	D.L. #:		Prov.:	
Auto Make, etc.:		Seat Belt?		Travel Direction?	
Condition:		Damage Amt.:		Speed:	
Headlights					
Passenger:		Address:			Injured?
Passenger:		Address:			Injured?
Passenger:		Address:			Injured?
Passenger:		Address:			Injured?
Passenger:		Address:			Injured?

## Available Evidence

Contrib. Neg.?		Alcohol?	Scene Study?
Photographs?		Charges?	Letters?

## Police Investigation

Police Force:	Officer:	Stmt. Given?
Stmt. Detail:		
Vehicle Move?	People Leave?	Accident Team?

## Witnesses

Name:	Telephone:		
Address:	Passenger?	Injured?	
Stmt. Detail:			
Name:	Telephone:		
Address:	Passenger?	Injured?	
Stmt. Detail:			
Name:	Telephone:		
Address:	Passenger?	Injured?	
Stmt. Detail:			

## Insurer Involvement

Name:	Adjustor:		
Address:			
File #:	Telephone:	Facsimile:	
Stmt.:			

## Insurer Involvement

Name:	Acting For?		
Address:			
File #:	Telephone:	Facsimile:	

**Medical Information**

<b>Medical History:</b>		
<b>Injuries:</b>		
<b>Ambulance?</b>	<b>EMT?</b>	<b>Attending Physician:</b>
<b>Hospitalization?</b>	<b>Admission:</b>	<b>Discharge:</b>
<b>Treatment:</b>		

**Physicians**

<b>Name:</b>		
<b>Address:</b>		
<b>File #:</b>	<b>Telephone:</b>	<b>Facsimile:</b>
<b>Treatment:</b>		
<b>Name:</b>		
<b>Address:</b>		
<b>File #:</b>	<b>Telephone:</b>	<b>Facsimile:</b>
<b>Treatment:</b>		
<b>Name:</b>		
<b>Address:</b>		
<b>File #:</b>	<b>Telephone:</b>	<b>Facsimile:</b>
<b>Treatment:</b>		

**Disability**

<b>Total?</b>	<b>Particulars:</b>
<b>Partial?</b>	<b>Particulars:</b>
<b>Related Prior Medical Condition:</b>	

**Ongoing Medical Information**

**Limitation of motion associated with complaints:**

**Pain associated with movement generally:**

**Present treatment, medication:**

**When pain or disability experienced:**

**How injury affects daily living:**

**Record if pain has gone or injury no longer perceived:**

**Note dates of visits to doctors:**

**Care costs:**

**Employment Income Particulars**

**Wage Rate:**

**Monthly Earnings:**

**Lost Bonus:**

**Lost Sick Leave:**

**Lost Promotion:**

**Lost Commission:**

**Pension Benefits:**

**Breakdown of use of earnings:**

**Employment History:**

**Employment Loss:**

**Income Security Information**

<b>Sick leave particulars:</b>
<b>SGI weekly indemnity particulars:</b>
<b>EI disability benefits:</b>
<b>CPP LTD:</b>
<b>Other LTD:</b>
<b>WCB:</b>

**Special Damages**

<b>Personal items lost:</b>		
<b>Personal property floater:</b>		
<b>Hospital TV:</b>	<b>Nurse:</b>	<b>Room:</b>
<b>Med. Supplies:</b>	<b>Dental:</b>	<b>Optical:</b>
<b>Drugs:</b>	<b>Mileage:</b>	<b>Prosthetics:</b>
<b>Labour Sub.:</b>	<b>Babysitting:</b>	<b>Housekeeping:</b>
<b>Veh. Damage:</b>		<b>Ambulance:</b>
<b>Other property damage:</b>		



