

THOMAS, GODLEY & CHILDERS, P.A.

**CLIENT INFORMATION SHEET
PERSONAL INJURY**

DATE: _____

NEW CLIENT () FORMER CLIENT ()

NAME: _____

DOB: _____

SS#: _____

ADDRESS: _____

TELEPHONE (HOME): _____ (CELL) _____

DATE OF ACCIDENT: ____/____/____ COUNTY/LOCATION: _____

BRIEF DESCRIPTION OF ACCIDENT:

DESCRIPTION OF INJURIES (broken bones, etc.)

MEDICAL ATTENTION (location): _____

NAME OF YOUR INSURANCE CARRIER: _____

Address: _____

PHONE NO. _____ Adj: _____

NAME OF OTHER PARTY INVOLVED IN ACCIDENT: _____

Address: _____

HIS/HER INSURANCE CARRIER: _____

Address: _____

Phone No. _____ Adj: _____

EMPLOYER: _____

Position: _____

Salary: _____

Name of Supervisor: _____

TIME LOST FROM WORK: Hours/Days/Weeks/Months _____

ACCIDENT INVESTIGATED BY POLICE AND/OR HIGHWAY PATROL? YES _____ NO _____.

TICKET ISSUED? YES _____ NO _____.

TO WHOM WAS TICKET ISSUED _____

COURT DATE: _____ OUTCOME, IF ANY: _____

LIST NAME OF HOSPITAL(S) AND/OR DOCTORS WHO HAVE TREATED YOU:

APPROXIMATE TOTAL OF MEDICAL BILLS TO DATE: _____

NOTES: _____

How did you find out about TG&C (referral, ad, etc.) _____
