



PERSONAL INJURY PRE-INTAKE MEETING QUESTIONARE

Welcome to Law Office of KG, PLLC! We are excited to meet with you, but first request that you provide us with some necessary information to enable a productive meeting. Please take the time to fill in the information below and notify the receptionist, Janelle, upon your completion. If you have already provided Law Office of KG, PLLC with any of the below information, please skip the question and move on to the next.

Name: _____

Date of Birth: _____

Social Security #: _____

Have you previously consulted an attorney regarding your case? Yes ____ No ____
If yes, provide the attorney's name(s), the firm name(s), the address(es), and the telephone number(s). _____

1. Describe how your injury occurred.

_____.

2. If injuries were sustained in an auto collision (if not, skip to #3):
Who was in the car? _____ Who was driving? _____

Auto Insurance:

Company name: _____

Policy number: _____

Claim number if filed: _____

Other driver's name: _____

Other driver's address: _____

Other driver's insurance:

Name of insurance company: _____

Policy number: _____

Claim number if filed: _____

Adjuster's name/number: _____

3. Incident Reports:

Police Report Number: _____

Name of responding police dept.: _____

Other type of report (describe): _____

List the names, addresses, and phone numbers of any possible witnesses in your case.

_____.

4. Treatment Information:

Hospital & Doctor information:

Name of hospital: _____

Ambulance company: _____

Other doctors seen: _____

Health Insurance:

Company name: _____

Policy number: _____

Medicaid (circle): Yes or No

If Yes, policy number: _____

Medicare(circle): Yes or No

If Yes, policy number: _____

PLEASE SEND ANY DOCUMENTS, BILLS, RECEIPTS RELATED TO INJURY

Questions you have about your case: _____

_____.

Anticipated Outcome of case: _____.

Damages Section: The following is intended to help you see how damages include easily identifiable costs in an effort to place a dollar value on your injuries and the way in which your life has changed since you were injured. Beyond an inventory of known costs, it does not attempt to calculate the value of your physical self or the quality of your life as it was before the injury.

5. Out-of-Pocket Damages a/k/a “Special Damages”

	Damages Present in Case (Y)	Amount Spent or Estimated
Doctors’ bills	_____	\$ _____
Ambulance bill	_____	\$ _____
Hospital bills	_____	\$ _____
Private nurses	_____	\$ _____
Medicines/Drugs	_____	\$ _____
Medical supplies	_____	\$ _____
Travel/lodging arising from need for medical treatment	_____	\$ _____
Wheelchairs, walkers, prostheses, handicapped-accessible vehicle, other special implements	_____	\$ _____
Future medical expenses	_____	\$ _____
	TOTAL MEDICAL DAMAGES	\$ _____
Household help	_____	\$ _____
Lost wages	_____	\$ _____
Other work losses	_____	\$ _____
Future losses	_____	\$ _____
Loss of earning capacity	_____	\$ _____
Increased cost of living	_____	\$ _____
Special training/occupational therapy	_____	\$ _____
Property damage	_____	\$ _____
	TOTAL OUT-OF-POCKET DAMAGES	\$ _____

6. Damages for Physical Injury

Check all that apply, then rate the severity of each checked injury on a scale of 1 (not serious) to 5 (catastrophic). Don't worry about dollar amounts for these items.

	Damages Present in Case (Y)	Rating of Injury's Severity				
Pain and suffering	_____	1	2	3	4	5
Future pain and suffering	_____	1	2	3	4	5
Total disability	_____	1	2	3	4	5
Partial disability	_____	1	2	3	4	5
Future disability	_____	1	2	3	4	5
Loss of enjoyment of life	_____	1	2	3	4	5
Your spouse's loss of your services	_____	1	2	3	4	5
Back/Neck injury	_____	1	2	3	4	5
Head injury/brain damage	_____	1	2	3	4	5
Other: _____	_____	1	2	3	4	5

7. Intangibles--How Your Life Has Changed

The following questions are intended to help you get a feel for the kinds of facts that a jury may consider when deciding what to award in damages.

1. Which of your injuries are visible? Which are invisible?

2. What physical pain did you experience when you were first injured?

3. What physical pain did you experience as you recovered from your injury?

4. Do you still feel physical pain from your injury?

_____ Yes _____ No

5. If you answered "Yes" to Question 4, please elaborate.

6. When you think about your injury and how it has affected you, what/how do you feel?
(Check all that apply.)

- Sorrow _____
- Anxiety _____
- Humiliation _____
- Anger _____
- Fear _____
- Frustration _____
- Defeated _____
- Resigned _____
- Other _____

7. What physical activities and hobbies did you enjoy that now cause you pain?

- Participating in sports _____ Which sports? _____
- Gardening _____
- Woodworking/Crafts _____
- Sewing/Embroidery/
Needlework _____
- Playing a musical instrument _____ Which instrument? _____
- Playing with children _____
- Cooking _____
- Other _____

8. What household chores now cause you pain?

- Cooking _____
- Laundry _____
- Cleaning _____
- Ironing _____
- Washing the car _____
- Yard work/Snow removal _____

9. What social activities have you had to reduce or abandon?

- Entertaining guests _____
- Club activities _____
- Charitable/social
organizations _____
- Dancing _____
- Concerts/plays _____
- Going to museums _____
- Going out with friends _____

10. Are you still able to help people when they need help? For example, can you still babysit your grandchildren? Can you still visit people from your church, temple, or mosque who were sick and unable to attend services? Take a few minutes to think about this question and then write a little bit about these sorts of changes.

11. What plans for the future have you had to modify or abandon?

12. Are there any other changes in your day-to-day life resulting from your injury?
