

Personal Injury Case - Medical and Consequential Loss

INTERVIEW GUIDE

Use with 475 M.V. (Motor Vehicle), 485 A.C. (Accident Case) or with 490 P.L. (Products Liability)

File No. _____

Client _____ Date _____ Time _____ To _____

Interviewed by _____ Fee Arrangement _____

Referred by _____ Date of Accident _____

Statute of Limitations expires _____

(Where space is found insufficient use blank sheet and refer to question number)

PERSONAL INJURIES

1. Nature and extent of injuries _____

2. Immediate effect of injuries (unconsciousness, pain, inability to move or walk, cuts, abrasions, lacerations, bleeding, fractures and other physical discomforts) _____

3. Permanent injuries: list all permanent injuries, including scars, disfigurements, possibility of plastic or remedial surgery _____

4. Identify ambulances or other emergency vehicles _____

5. First aid or other medical treatment at scene, nature of assistance and names and addresses of those rendering assistance _____

6. If taken to hospital: (a) by what means and by whom (b) name and address of hospital (c) date of admission (d) date of discharge (e) treatment received and from whom _____
- _____
- _____
7. If taken elsewhere than to hospital, where, by what means and by whom _____
- _____
8. X-rays, EEG, EKG and other tests: (a) by whom and where _____
- _____
- (b) parts of body x-rayed and what x-rays disclosed _____
- _____
- (c) results of EEG, EKG and other tests _____
- _____
9. Treatment by doctors and paramedical personnel: (a) name and address of each and nature of specialty (orthopedic, therapeutic, surgical, psychiatric, general medical, dental, etc.) (b) nature and extent of treatments and where given _____
- _____
- _____
- _____
10. Outpatient treatment: name and address of hospital, date and nature of each treatment, name and address of each doctor, nurse or paramedical personnel _____
- _____
- _____
- _____
11. Medical expenses: where and by whom, dates, total charges, amounts paid to date and by whom paid (hospital, treating and consulting doctors, nurses, paramedics, laboratories, x-rays, appliances, special clothing, etc.) _____
- _____
- _____
- _____
- _____

12. Future or anticipated medical treatments: nature, for how long and estimate of cost _____

13. Dates of home confinement _____

14. Home nursing care: name, address, phone of each person, nature of services, dates performed and amount paid _____

15. Household help: name, address, phone of each person, nature of services, dates performed and amount paid

16. Present complaints _____

17. Activities limited by injury (hobbies, chores, day-to-day activities, walking, etc.) _____

18. If client refused to accept any medical care or treatment recommended by doctors, show the care or treatment refused, doctor involved, date of each refusal and reasons for refusal _____

PREVIOUS MEDICAL HISTORY

19. General condition of health in last 10 years _____

20. Nature, dates, extent of injuries from prior accidents, diseases or other disabling illnesses (heart, lung, brain, kidney, blood, vascular, sight, hearing, speech, dental, surgery, etc.) _____

21. Names and addresses of doctors involved (include x-rays, EEG, EKG and other tests) _____

22. If hospitalized, names and locations of hospitals, duration and dates of hospitalization _____

23. Aggravation or effect of present injuries on any existing or prior physical or mental condition _____

24. Physical examinations: for insurance, military employment or for other purposes, results and whether insurance, employment or military service denied _____

25. Previous accident or injury claims: names and addresses of attorneys, insurance companies, disposition of each claim (including Workers' Comp.) _____

EMPLOYMENT AND INCOME PRIOR TO ACCIDENT

26. Name, address and phone of employer _____

27. Employer's business _____

28. Positions held and duties _____

29. Hours worked: per day _____ per week _____ hourly pay \$ _____

30. Average weekly earnings for preceding 12 months \$ _____

31. Earnings reported on income tax returns for past 2 years (show breakdown if more than one employer or business) _____

EMPLOYMENT AND INCOME FOLLOWING ACCIDENT

32. Time lost from work (itemize) _____

33. If client returned to work after accident, for each employment show: (a) name, address, phone and business of employer _____

- (b) positions held and duties _____
- (c) hours worked: per day _____ per week _____ hourly rate \$ _____
- (d) average weekly earnings \$ _____
34. Date of return to full employment _____
35. If client did not return to work, explain _____

36. If injuries impaired or in any manner restricted ability to perform duties of employment or business, explain

37. Lost time since returning to work (dates, periods, reason, income lost, sick leave used) _____

38. If a promotion or increase in salary was expected at the time of the accident but did not materialize, give details _____

39. If injuries resulted in loss of business income, explain _____

40. If substitute help was required in client's business to perform all or part of client's duties, give names, addresses and phone numbers of each person, nature of services, dates performed and amount paid

41. List fellow employees, supervisors or business associates who have knowledge regarding client's employment and what each knows _____

42. If client lost any rights or benefits related to employment (such as seniority or pension rights), explain

43. Nature, extent and source of any other income or pecuniary loss _____

RÉSUMÉ OF EMPLOYMENT HISTORY FOR 5 YEARS PRECEDING THIS ACCIDENT

44. Employer, position or nature of employment, period, average earnings _____

EDUCATION AND TRAINING

45. Educational background (schools attended, major subjects, degrees) _____

46. Special skills or licenses _____

47. If client's plans or prospects for further education or employment changed as a result of this accident, explain

48. If nature of employment at time of accident was different, inferior to or in a field other than that for which client had been previously engaged in or trained for (a) explain (lessening of demand for specific professional personnel etc.) (b) show resulting reduction in earnings _____

SUBSEQUENT INJURIES

49. If client has been injured since the date of the injury in question, indicate what the injury was, how it was received and the hospitals and treating physicians involved _____
