

David R. Payne, P.A.
Workers Comp Intake Form

Client Information:

Date: ____/____/____

Client's Name: _____

Resident / Citizen / No Papers

Date of Birth: ____/____/____

SS#: ____ - ____ - ____

Cell#: (____) ____ - ____

Home (____) ____ - ____

Email: _____

Address _____

City _____

State/Zip _____

Employer Information:

Employer: _____

Address _____

City _____

State/Zip _____

Phone: _____

Fax: _____

How many employees does the company have? _____

What does the company do? _____

When did you start working for the company? _____

Your position/title: _____

Job description: _____

Rate of Pay: \$ _____ Hourly How many hours do you work a week: _____ \$ _____ Yearly

Have you lost any days of work due to the accident? Yes ___ No ___ Dates: _____

Have you been receiving TTD?: Yes _____ No: _____ Still working for the company? Yes No

Health Insurance Information:

Name of Insurance Carrier: _____ PPO HMO Medicaid

Name of Policy Holder: _____ Policy#: _____

Agent/Adjuster: _____ Phone: _____

Accident / Medical Information:

Date of Injury: _____ Hour of accident: _____ AM or PM

Did the injury occur at employers facility? Yes___ No___ What city and county? _____

At the time of the accident were you using any medication, alcohol, or drugs? Yes___ No___

Describe the conditions: _____

Are there witnesses to your accident? Yes___ No___

Describe the accident: _____

What parts of your body were injured: _____

After the accident did you go to a medical facility? Yes___ No___

Did you go to the hospital? Yes___ No___ Name of Hospital: _____

Did you go by ambulance? Yes___ No___ Name of Ambulance: _____

Were X-Rays Taken? Yes___ No___ Of what?: _____

Did you got to a medical facility that's not a hospital: _____

Have you seen a doctor since the date of accident? Yes___ No___

Please list all Doctors and their phone numbers:

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Recorded Statement:

Have you given a recorded statement? Yes___ No___

Date: _____ With who: _____

