



## BOWERMAN LAW GROUP, PC

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### INTAKE FORM (PI)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_@\_\_\_\_\_.COM

PHONE: \_\_\_\_\_ Office/Cell/Home

\_\_\_\_\_ Office/Cell/Home

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

EMPLOYER: \_\_\_\_\_ #: \_\_\_\_\_

If you missed work, how long and how much are you paid? \_\_\_\_\_

CONTACT (person who can reach you if we cannot):

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

LIST FAMILY – Name, gender, age, relationship (i.e. John, male, 7, son)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

How did you find out about our firm? \_\_\_\_\_

Day and Date of Accident: \_\_\_\_\_

Time: \_\_\_\_\_ : \_\_\_\_\_ a.m./p.m. Location: \_\_\_\_\_

Describe area: \_\_\_\_\_

Witnesses: \_\_\_\_\_

Police: \_\_\_\_\_ Ambulance: \_\_\_\_\_

Defendant name: \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_

DL State/No.: \_\_\_\_\_

Any other information: \_\_\_\_\_

\_\_\_\_\_

Your insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Claim #: \_\_\_\_\_ Rep name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Their insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Claim #: \_\_\_\_\_ Rep name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Your health insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Group #: \_\_\_\_\_ Claim #: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Medicare: \_\_\_\_\_

First treatment provider: \_\_\_\_\_

Describe accident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please draw a picture of the accident:

How do you feel today? \_\_\_\_\_

How have things changed at home? \_\_\_\_\_

Prior injuries or accidents (when, where, what): \_\_\_\_\_

Military service (when, where, rank, branch): \_\_\_\_\_

Where are you treating now? \_\_\_\_\_

Have you spoken to an insurance representative, taken pictures, posted to

Facebook/Twitter, or created any record which could be used as evidence? \_\_\_\_\_

Please list all physicians and treatment providers you have seen since the collision, including massage therapists, chiropractors, hospitals, primary care providers, or urgent care facilities:

Please list any additional information you believe is relevant: