

Client Instruction Sheet –Accident at Work Date of Attendance

Client Contact Details
Client Contact Details:
Name
Address
Date of Birth:
Mobile Number
Home Phone:
E-mail:
Occupation:
PPS No / Social Security No:
Date of Accident:
Time of Accident:
Medical Card Holder?:
Detected Description of Assistant
Detailed Description of Accident:
Witnesses:
To whom was the accident reported:
Was an accident report form completed?
Was the incident reported by employer to Health & Safety Authority:
Is there CCTV footage of the accident?
15 there ee's a tootage of the accident:

T. • •
<u>Injuries:</u>
Detailed description of injuries sustained:
Detailed description of injuries sustained:
Hospital/Doctor attended after accident:
Hospital/Boctor attended after accident.
Date of initial attendance:
Due of initial attendance.
Outline where possible all consultants names and specialities and treatment afforded:
Outside where possible an consumants hames and specialities and treatment arroraed.
Ongoing Treatment:
Previous Accidents/Injuries:
Employment Details:
Occupation:
Any loss of earnings? Outline same:
Out of pocket expenses to date: