

Client Instruction Sheet – Slip & Fall Date of Attendance :

Client Contact Details:
Name
Address
Date of Birth
Home Phone:
Work:
E-mail:
Occupation:
PPS No / Social Security No:
Date of Accident:
Time of Accident:
Medical Card Holder?:
Detailed Description of Accident:
Date:
Time:
Location:
Description:
Was the matter reported ? To Whom?
Was an accident report form completed?
Witnesses:

Injuries:

Detailed description of injuries sustained:

Hospital/Doctor attended after accident:

Date of initial attendance:

Outline where possible all consultants names and specialities and treatment afforded:

Ongoing Treatment:

Previous Accidents/Injuries:

Employment Details:

Occupation:

Any loss of earnings? Outline same:

Out of pocket expenses to date: