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PERSONAL INJURY/AUTO ACCIDENT INTAKE FORM

Date: _____

Name: _____ Date of Birth: _____

Address: _____ Zip Code _____

Telephone Home: _____ Work/Cell: _____ Spouse Work/Cell: _____

Spouse's Name _____ Date of Birth _____ DOM: _____

Children's Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Level of Education: _____ Social Security Number: _____

Name of your insurance company: _____

Have they been notified? _____ When? _____ In What Manner? _____

Have you completed a no-fault benefits application? _____

Does this company insure all of the family vehicles? _____ If not, state the name of the other insurance company, vehicle(s) covered and people they insure: _____

Does anyone in your household have a company car? _____ If yes, state the name of the company, auto insurer and vehicle insured: _____

Do you have *Uninsured or Underinsured* coverage on your policy? _____

If yes, what type? _____ Amount of coverage? _____

Have any liens been filed? (Blue Cross, Priority Health, Medicare, Medicaid, ERISA, etc.) _____

If yes, what company filed the lien and in what amount? _____

Your Health Insurance Company: _____

Is this an ERISA Plan? _____ If yes, please provide our office with a copy.

Do you have coordinated medical coverage? _____

Who has paid your medical bills? _____

Have all of your medical bills been paid? _____ If not, please provide copies of any unpaid bills.

Your Employer: _____ Address: _____

Position: _____ Salary/Hourly Rate: _____ Dates of Employment: _____

List the name of each employer, address, position, salary and dates of employment for the last three (3) years (attach additional pages if necessary):

1. _____

2. _____

3. _____

Did you lose time from your job as a result of the accident? _____ If yes, how much time? _____

What doctor authorized your off work status? _____

Were you paid wage loss? _____ How much per week or month? _____

Have you given a statement about your injuries or the accident? _____

If yes, to whom? _____ On what date? _____

How was it made (verbally, written, recorded, etc.)? _____

Do you have any points on your driving record? _____

If yes, for what violations? _____

Have you ever been arrested and/or convicted of any crimes? _____ If yes, what
crime(s) and date(s) of occurrence: _____

ACCIDENT INFORMATION

Date of accident: _____ Place of accident: _____

What Police Department investigated the accident? _____

How did the accident happen? _____

Were you the driver or passenger? _____ Name of the vehicle owner? _____

Were you wearing a seatbelt? _____

Owner's insurance company (if different)? _____

Was the vehicle totaled? _____ If not how much damage? _____

Are there photographs? _____ If yes, please provide copies.

Did the other driver appear to have been drinking? _____

Had you or the driver of your vehicle been drinking or taking drugs? _____

If yes, how much and when? _____

Other people in the vehicle? _____ Were they injured? _____

If yes, the extent of their injuries? _____

Please list any and all parties that were at fault or played a role in the happening of this accident,
people, road conditions, obstructed views, etc. _____

Have you been involved in an auto accident before? _____ If yes, when? _____

Have you ever been injured before? _____ If yes, type of injuries and date(s) of occurrence(s): _____

Have you been hospitalized before? _____ If yes, when and for what? _____

Have you ever made any type of claim (work comp, auto, social security disability or other type of claim) for injuries? _____ If yes, state the type of claim, injury involved and date claim made: _____

What type of injuries did you sustain in this accident? _____

List all hospitals, med-centers, doctors, physical therapists, etc. seen for your injuries and dates (attach additional pages if necessary):

1. _____

2. _____

3. _____

4. _____

List any restrictions and the doctor who authorized them: _____

Dates of upcoming medical appointments, name of doctor and reason for visit: _____

Current Condition: _____

DETAILED JOB DESCRIPTION

Please provide a detailed job description including what you did, how much weight you lifted on a regular basis, how much walking/standing/sitting you did, and describe any repetitive movements,

etc.:

REFERRAL INFORMATION

How did you hear of our firm?

Referral from friend/relative/co-worker: _____

Telephone Book ad: _____

Referral from another attorney: _____ Attorney's name: _____

Internet? If yes, through which search engine: _____