

**RAINEY & RAINEY ATTORNEYS AT LAW LP
PERSONAL INJURY**

Today's Date _____

Client Information

Last Name		First		Middle	
Address		SSN		Phone	
City		State	Zip	Cell. Phone	
Employer				DOB:	
Employer Address			City	State	Zip
Phone		Fax			
Email					

Claim Information

Date of injury:		File No.		SOL:	
Defendant			Def Address		
Phone	Fax		City	State	Zip
Attny Firm			Tp Admin.		
Attny			Claim No.		
Phone			Carrier		
Address			Adjuster		
City	State	Zip	Phone	Fax	
Phone	Fax		Address		
			City	State	Zip

Injury Information

Injury / Diagnosis
How injury occurred:
Witnesses (name and addresses):



Liens and LOPs

1.	Amt
2.	Amt
3.	Amt

Medical Providers

Facility			Facility		
Doctor			Doctor		
Phone			Phone		
Address			Address		
City	State	Zip	City	State	Zip
Phone	Fax		Phone	Fax	
Dates Seen	Bills Total		Dates Seen	Bills Total	
Facility			Facility		
Doctor			Doctor		
Phone			Phone		
Address			Address		
City	State	Zip	City	State	Zip
Phone	Fax		Phone	Fax	
Dates Seen	Bills Total		Dates Seen	Bills Total	
Facility			Facility		
Doctor			Doctor		
Phone			Phone		
Address			Address		
City	State	Zip	City	State	Zip
Phone	Fax		Phone	Fax	
Dates Seen	Bills Total		Dates Seen	Bills Total	

Are you a member of any social networking forums? If so, which ones? _____

HOW DID YOU LOCATE OUR OFFICES? (Please check each that applies and let us know who referred you to our firm. We like to thank those who recommend us to their friends and family.)

Previously used our services: _____

Referred by another client: _____

Referred by a professional: _____

Website Advertising General Reputation Other: _____

Additional Claimant Information

Spouse's last name		First	Middle	
Address		SSN		Phone
City	State	Zip	Alt. Phone	
Spouse's Employer			DOB:	
Employer Address		City		State Zip
Phone	Fax			
Child's Name			Age	
Child's Name			Age	
Child's Name			Age	
Emergency Contact			Phone	
Address		City		State Zip

Employment History

Employer	Position
Duties	
Employer	Position
Duties	
Employer	Position
Duties	
Employer	Position
Duties	

Claim History

Prior similar injuries, treated medical conditions and/or symptoms to same area or current injury (dates/Dr.s):
Prior claims and/or settlements: