

**Law Offices of  
Adam M. Kotlar  
1913 Greentree Road  
Cherry Hill, NJ 08003  
856-751-7676 \* fax: 856-751-5357**

**WORKER'S COMP ACCIDENT INFO**

DATE OF ACCIDENT: \_\_\_\_\_

DATE OF INTAKE \_\_\_\_\_

**CLIENT**

NAME:			
ADDRESS:			
PHONE:	(H)	(C)	
	(W)	(F)	
DOB:			SS #:
FACEBOOK? Y N Name:	TWITTER? Y N Name:	MYSPACE / BLOG? Y N Name:	
Email:	REFERRAL:		
MARRIED? Y N	SPOUSE NAME:		

**EMPLOYMENT**

EMPLOYER NAME:			
ADDRESS:			
OCCUPATION:			
START DATE:		HOURLY RATE:	

**ACCIDENT FACTS:**

DATE:	TIME:
LOCATION:	
DESCRIPTION:	
REPORTED TO:	WHEN:
TITLE:	
<b>WITNESSES:</b>	TITLE:
NAME:	
NAME:	
NAME:	

**MISSED TIME:**

DATE STOPPED WORK:	DATE RETURNED TO WORK:
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RECEIVING TEMP?    Y    N	RECEIVING MED?    Y    N
TREATING PHYSICIANS/ HOSPITALS:	
Auth? Y    N	
Auth? Y    N	
Auth? Y    N	

**INJURIES:**

COMPLAINTS AT TIME OF ACCIDENT:	_____ _____ _____ _____
CURRENT COMPLANTS:	_____ _____ _____ _____ _____
PAST MEDICAL HISTORY:  PRIOR CLAIMS:	_____ _____ _____ _____

**WORKERS COMP INSURANCE:**

CARRIER:	
ADDRESS:	
PHONE:	
ADJUSTER:	
POLICY #	
CLAIM #	
INSURED:	

**MEDICARE/MEDICAID/SS BENEFITS**

Medicare	Eligible	/	Receiving
Medicaid	Eligible	/	Receiving
Social Security	Eligible	/	Receiving