

**Law Offices of  
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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<br>Name: | TWITTER? Y N<br>Name: | MYSPACE / BLOG? Y N<br>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<br>WORK: | DATE RETURNED<br>TO WORK: |
|-----------------------|---------------------------|

|                                       |                          |
|---------------------------------------|--------------------------|
| RECEIVING TEMP?    Y    N             | RECEIVING MED?    Y    N |
| TREATING<br>PHYSICIANS/<br>HOSPITALS: |                          |
| Auth?<br>Y    N                       |                          |
| Auth?<br>Y    N                       |                          |
| Auth?<br>Y    N                       |                          |

**INJURIES:**

|   |   |
|---|---|
| COMPLAINTS<br>AT TIME<br>OF ACCIDENT:         | _____<br>_____<br>_____<br>_____          |
| CURRENT<br>COMPLAINTS:                        | _____<br>_____<br>_____<br>_____<br>_____ |
| PAST MEDICAL<br>HISTORY:<br><br>PRIOR CLAIMS: | _____<br>_____<br>_____<br>_____          |

**WORKERS COMP INSURANCE:**

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

**MEDICARE/MEDICAID/SS BENEFITS**

|                 |          |   |           |
|-----------------|----------|---|-----------|
| Medicare        | Eligible | / | Receiving |
| Medicaid        | Eligible | / | Receiving |
| Social Security | Eligible | / | Receiving |