AFFF

The Legal Leads

Intake Forms Are Fully Customizable To Your Firm's Need

CONTACT INFORMATION

Client Full Name:

Phone:

E-mail:

Date Of Birth:

D D M M Y Y Y Y

Address:

Emergency Contact Name:

Emergency Contact:

Emergency Contact Relationship:

LEAD INFO

Are you calling for yourself or on behalf of the injured party: Yes No

If calling for someone else, name of client:

Type Of Diagnosis:

When 1st exposed:

D D M M Y Y Y Y

When last exposed:

D D M M Y Y Y Y

Where was foam applied:

When purchased foam:

D M M Y Y Y Y Y

How frequently foam was used:

Where was foam applied:

Treatment type:

Address of where diagnosed:

Treatment Date:

D D M M Y Y Y Y

Address of where treated: