

# Ozempic/Semaglutide

**\*Intake Forms Are Fully Customizable To Your Firm's Need\***

## CONTACT INFORMATION

Client Full Name:

Phone:

E-mail:

Date Of Birth:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

Address:

Emergency Contact Name:

Emergency Contact:

Emergency Contact Relationship:

## LEAD INFO

Are you already with an attorney:  Yes  No

Type Of Product:

When 1<sup>st</sup> exposed:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	M	M	Y	Y	Y	Y	Y

When last exposed:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	M	M	Y	Y	Y	Y	Y

Did the injured party's require medical treatment?  Yes  No

When did the injured parties stop taking medication?

Date Of Diagnosis:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y	Y

Where diagnosed name:

Where diagnosed address:

Treatment Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y	Y

Where treatment name:

Where treatment address:

Notes: