

**WORKERS COMP. SAMPLE INTAKE FORM AND PRE-QUAL (20 Fields):**

**CONTACT INFORMATION:**

Client full name:

Primary phone:

Email:

Address:

**LEAD INFO:**

Type of Accident:

Date of Accident:

Brief Description of accident:

Transported to Hospital:

Transported by Ambulance:

Injury Descriptions:

Medical Treatment:

Name of Company you were employed at time of injury:

Address of Company where injury occurred:

Are you still employed there:

Have you filed claim:

Claim Number:

Informed Insurance of Injuries:

Do you have witnesses?

Have pictures:

Location and time of accident: