

Interview Sheet

Name: _____

Social Security # _____

Address: _____

Date Of Birth: _____

Email: _____

Employer: _____

Home Phone # () _____

Employer's Address: _____

Cell Phone #: () _____

Fax #: () _____

Job Title: _____

Alternate Phone # () _____

Insurance Carrier: _____

Work activities _____

Address: _____

Date of Hire _____ Years at company _____

CC# _____

WCB# _____

Referred By: _____

Are you currently represented by an attorney?

Date of Accident: _____ Time: _____ AM PM

How did the accident occur: _____

What part(s) did you injure: _____

Where did the accident occur: _____

Is this your usual work location? If no explain _____

Did Anyone witness the Injury? YES NO If Yes Who: _____

Did you go to the Hospital? YES NO Did You notify your supervisor YES NO

If Yes, Where: _____

If Yes, When: _____

When: _____

Name of Supervisor _____

Who Took you there: _____

Was the Supervisor notified Oral or Written

Are you working now? YES NO

Did you ever injure or receive medical treatment to the same body

What was your last day of Work? _____

part(s) in the past? YES NO

Weekly Average wage _____ Weekly or Biweekly

If Yes, How and when _____

Period of time lost because of this case: _____

Did you have a second job on the date of accident? YES NO

Were there any test's or MRI's taken at this time? YES NO

YES if yes where? NO

Have you had any **current** MRI's OR EMG/NCV test Performed? YES NO

Did you receive lodging or tips on the job? Yes NO

RETAINED DATE

Please see other side 

