

CLIENT APPLICATION

PERSONAL INFORMATION:

Today's Date _____

Client _____ **Phone: (H)** _____ **(C)** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Birth Date: _____ **SSN:** _____ **Referred by:** _____

Email/Webfile Username _____ **WebFile Pin Number** _____

Highest Level of Education Completed: _____

Marital Status: _____ **Spouse's Name:** _____

Emergency Contact: _____ **Phone:** _____

Military Veteran: YES / NO **Branch of Service** _____ **Rank:** _____

Have you ever been convicted of a felony? Y / N **Highest Level of Education:** _____

Special skills or Certifications: _____

EMPLOYER AT TIME OF INJURY:

Employer _____ **Phone:** _____

Address _____

Job Title/Occupation _____ **How Long** _____ **Weekly Wage \$** _____

Do you have any other employment? YES/NO **If so, where:** _____

PREVIOUS EMPLOYMENT

Employer _____ **Phone:** _____

Job Title/Occupation _____ **How Long** _____

Pay Rate: _____

Employer _____ **Phone:** _____

Job Title/Occupation _____ **How Long** _____

Pay Rate: _____

Employer _____ **Phone:** _____

Job Title/Occupation _____ **How Long** _____

Pay Rate: _____

Employer _____ **Phone:** _____

Job Title/Occupation _____ **How Long** _____

Pay Rate: _____

ACCIDENT INFORMATION

Date of Accident _____ **Time** _____ **Place** _____

Person Notice was Given to _____ **When** _____

Brief Description of how the injury occurred: _____

Was there any witnesses? YES/NO **If so, please list:** _____

Please list all body part affected: _____

What is your biggest concern? _____

Have you sued or are you planning to sue any third party (not your employer) regarding this accident?

YES/NO **If so, whom?** _____

MEDICAL INFORMATION

Have you any prior injury to the same part(s) of your body? _____

Any other diagnosed medical conditions: _____

If yes, please give description and date of injury: _____

Do you have any personal health insurance? YES/NO

Provider _____ ID # _____ Group # _____

**** Please provide a copy of your insurance card at the time of your appointment. ****

Do you have Medicare/Medicaid insurance coverage? YES/NO

Have you applied for or are you receiving Social Security Disability Benefits? YES/NO

CLAIM AND BENEFIT INFORMATION

Are you currently receiving any workers' compensation benefits? YES/NO

If so, how much per week? _____

Are you currently under an award? YES/NO JCN: _____

Do you have Doctor's Disability Slips excusing you from work? YES/NO

What work restrictions are you currently under? _____

INSURANCE INFORMATION

Workers' Compensation Insurance Carrier: _____

Address: _____ Phone: _____

Adjuster: _____ Claim Number: _____

NAME AND ADDRESS OF PRIMARY CARE PHYSICIAN/FAMILY DOCTOR:

Doctor _____ Address: _____

Phone: _____ Date of Last Visit: _____

LIST ALL DOCTORS WHO HAVE TREATED YOU FOR THIS ACCIDENT

(1) Doctor _____ Address: _____

Phone: _____ Person who authorized the visit: _____

Dates Treated: _____ Body Part(s): _____

Type of Treatment: _____

(2) Doctor _____ Address: _____

Phone: _____ Person who authorized the visit: _____

Dates Treated: _____ Body Part(s): _____

Type of Treatment: _____

(3) Doctor _____ Address: _____

Phone: _____ Person who authorized the visit: _____

Dates Treated: _____ Body Part(s): _____

Type of Treatment: _____

Have you had surgery as a result of this accident? YES/NO If so, when? _____

Has a doctor given you a functional capacity evaluation (FCE) or a permanent partial disability rating?

YES/NO If yes, what is your rating? _____ Body part(s): _____

LIST ALL HOSPITALS WHERE YOU HAVE BEEN TREATED FOR THIS ACCIDENT

(4) Hospital: _____ Address: _____

Date Treated: _____ Body Part(s): _____

Reason for Hospital Visit: _____

(5) Hospital: _____ Address: _____

Date Treated: _____ Body Part(s): _____

Reason for Hospital Visit: _____

Additional Notes: _____

Dangers

We've found that these are the common obstacles and issues people like you are facing. Circle all that are relevant to you, and add others if needed.

Fear of losing job	Concern about future job/income/career
Don't know another trade	Concern about future health
No income	Don't understand WC process
Marital stress	Depression
Need medical treatment & no regular health insurance, money for gas or co-pays	Dislike current medical treatment
Losing house, car	Prescription drug addiction
Claims adjuster difficult to deal with	Lost job
Vocational rehab difficult to deal with	Non WC medical issues
Financial difficulties	Unsure if should settle
Nurse case manager difficult	Don't know what to do
Fear of unknown	Don't know obligations
Getting put into a job you hate	Hostile or difficult work environment

Wants

As well as obstacles, you have many opportunities you'd like to be freed up to focus on. Circle those that apply to you, and feel free to add others that fit.

To explore new job opportunities	Get a weekly check
Opportunity to go to school	Manage own medical care
Freedom from the WC system	To not be dependent on a weekly WC check
An attorney to look out for your best interest	To focus on health, not WC issues
To understand process	The maximum benefits to which you're entitled
All details taken care of by someone else	Proper medical treatment
WC benefits secured	Specific medical treatment
Manage own employment situation & career	Maximum financial benefits
Get out of debt	Lump sum settlement
New start	Provide for family better
Keep current employment	To never return to the same employer, to any job and/or retire
To file for Social Security Disability	

Strengths

You have many talents, capabilities, and skills that you'd like to reinforce and maximize. Circle those that best represent you and add others if needed.

Positive attitude	Ability to handle unmet expectations
Many work trades/skills	Ability to handle and/or want change
If advised, will try difficult things	Good money manager
Have current job prospect	Ability to handle stress
Trusting	Strongly motivated
Not afraid to go to court	Have options for continued medical care
Friend and family support	Ability to handle difficult adjusters, doctors, NCMs & VOC
Not afraid to have deposition taken	Good plan on what to do with lump sum of money
Good plan on what to do with career & future job opportunities	Ability to handle hostile/ difficult work environment
Ability to handle tedious WC requirements of looking for a job	Can be patient to get the most benefits
Ability to actively gather information	Can adapt to situations