LAW OFFICE OF STEPHEN H. OSBORNE
232 Court Street
Reno, Nevada 89501
Telephone: (775) 789-4944 - Facsimile: (775) 322-5484

Client Intake:

NAME:____ AGE:_________ DATE:_________________

ADDRESS:____

PHONE NUMBERS: (Home)________________ (Office) __________________ (Cell)_________________________

E-MAIL:____

INCIDENT/ACCIDENT:

1. DATE OF INCIDENT:________________________ 2. TIME OF INCIDENT:_____________________

3. PLACE OF INCIDENT:_______________________ 4. POLICE REPORT: Yes/No; RPD/SPD/NHP; Other:________; Crash #_________________

5. DESCRIBE THE INCIDENT:____

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6. Your Insurance Co:__________________; Policy #__________________; Claim #____________________

Adjuster:___________________________; Phone #:__________________

Policy limits:_____________; UIM Policy limits:_____________; Med Pay: Y / N Limits:______________

Health Insurance: Y / N: Name:_____________________________ Contact Person:__________________

Phone No._____________ Amount Paid:_____________ Reimbursement Amount:___________

7. Defendant's Insurance Co:___________________; Policy #_______________; Claim #________________

Adjuster:_________________________; Phone #:____________________; Policy limits:____________

8. Did the incident occur while you were working?____ If so, name of your employer?_________________

DAMAGES:

9. What are your injuries?____

10. Treatment received (Hospital, doctor, etc.):____

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____

11. Amount of Medical Bills:____

12. Have you lost any wages as a result of incident? If so, amount of wages lost:___________________________

PYSICAL HISTORY:

13. Any prior physical problems to the same area(s):____

____

14. Present physical condition:____

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