S.A.M. LAW OFFICE LLC

Susan A. Marks, Attorney Melissa C. Djonlich, Paralegal

Email completed for to mel@samlaw.info or fax to 847-577-2223
SOL: _____

PERSONAL INJURY / MED MAL INTAKE SHEET

Date:_____
Referred by:_____

Name:_____
Email:_____
Phone Number: _____
Address:_____
_____
County:_____

☐ **PERSONAL INJURY** ☐ **AUTO** ☐ **MEDICAL MALPRACTICE**

Injured Party(s) Name:_____
Date of Injury:_____
Accident location:_____
Defendant(s):_____
Action to cause injury:_____
Type of injuries incurred:_____
Plaintiff's Insurance:_____
Defendant's Insurance:_____

DESCRIPTION OF INJURY (include dates/times/etc):_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

121 S. WILKE ROAD, SUITE 201 ARLINGTON HEIGHTS, IL 60005-1525
TEL 847.255.9925 FAX 847.577.2223

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_____

_____

☐ Hospital? _____

☐ Doctors?_____

☐ Physical therapy?_____

☐ Medical Follow-up:_____

Were there any witnesses to the accident? ☐ YES ☐ NO

Have you spoken with other attorneys? ☐ YES ☐ NO

DO YOU HAVE ALL YOUR MEDICAL RECORDS? ☐ YES ☐ NO

DO YOU HAVE POLICE REPORT? ☐ YES ☐ NO

DO YOU HAVE COPIES OF YOUR BILLS? ☐ YES ☐ NO

DO YOU HAVE PICTURES OF ACCIDENT/INJURIES? ☐ YES ☐ NO

APPROXIMATELY HOW MUCH IN MEDICAL BILLS? __$_____

What are your working hours / who do you work for /what do you do?

_____

_____

_____

Other Information

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