LAW OFFICE OF STEPHEN H. OSBORNE
232 Court Street
Reno, Nevada 89501
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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. DESCRIBE THE INCIDENT:_____

_____

_____

_____

5. Insurance Co:_____Adjuster:_____Phone #:_____

   Policy limits:_____ Med Pay: Y / N Limits:_____

   Health Insurance: Y / N Name:_____ Contact Person:_____

   Phone No._____ Amount Paid:_____ Reimbursement Amount:_____

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

DAMAGES:

7. What are your injuries?_____
8. Have you lost any wages as a result of incident? If so, amount of wages lost:_____
9. Medical Bills:_____

Physical History

10. Any prior physical problems to the same area(s):_____.
11. Present physical condition:_____

_____

NOTES, COMMENTS:

_____

_____

_____