

INSTRUCTIONS:

Please fill in all the information currently available to you.

Bring the following documents with you to your initial appointment:

1. Accident report or information exchange form.
2. Any correspondence from the adverse insurance company.
3. Any photos of vehicle damage or injuries.
4. Any medical bills received to date.
5. Your automobile insurance information.

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- Personal Injury
- Insurance Disputes
- Disability Claims
- Medical Malpractice
- Wrongful Death

For more information:
www.udallshumway.com

NEW CLIENT INFORMATION SHEET

Name: _____

Address: _____

Tel: (H) _____ (W) _____

(C) _____ (F) _____

e-mail _____

SS# _____ Date of Birth: _____

Marital Status: _____

Spouse Name: _____

How did you hear about us?

CLIENT AUTO INSURANCE INFORMATION

Ins. Co.: _____

Policy #: _____

COVERAGE LIMITS:

Bodily Injury Liability: _____

Uninsured Coverage: _____ Underinsured Coverage: _____

Medical Payments Coverage: _____ Collision Deductible: _____

HEALTH INSURANCE INFORMATION

Ins. Co.: _____ Policy #: _____

EMPLOYMENT INFORMATION

Employer: _____

Address: _____

Supervisor: _____

Position/Duties: _____

Days missed because of injuries: _____

INJURIES

Please described each injury you suffered related to the accident:

Any similar pre-accident injuries? Please explain when and type of injuries:

ACCIDENT-RELATED MEDICAL TREATMENT INFORMATION

AMBULANCE: _____

HOSPITAL: _____

1. Provider Name: _____ Speciality: _____

Address: _____

Dates of Service: _____

2. Provider Name: _____ Speciality: _____

Address: _____

Dates of Service: _____

3. Provider Name: _____ Speciality: _____

Address: _____

Dates of Service: _____