307 Clinton Avenue
P.O. Box 4235
Kingston, NY 12401

BASCH & KEEGAN
PERSONAL INJURY ATTORNEYS

Tel. (845) 338–8884
Fax: (845) 338–2268
www.BaschKeegan.com

Personal Injury Intake Form

Please print clearly and provide as much of the requested information as possible.
No attorney/client relationship is established by providing this information.

Date	Taken by

Personal Information:

First name		Last name	
Also known as (A.K.A.)			
Street address			Apt. no.
City	State		Zip
Home phone	Cell phone	Work phone	
Email		Fax number	
Date of birth	Place of birth	Social Security no.	

Secondary Contact's Information:

First name	Last name	
Relationship to Client	Phone number	
Street address		Apt. no.
City	State	Zip

Accident Information

What type of accident? ☐ Motor Vehicle ☐ Fall ☐ Construction ☐ Dog Bite ☐ Medical Malpractice ☐ Other (explain below)

If "Other", please explain

Date of accident	Time of accident
Location of accident	

Were there any witnesses? ☐ Yes ☐ No *If you checked "Yes", please fill out the section below:*

Name of witness	Phone number	Address
Name of witness	Phone number	Address

307 Clinton Avenue
P.O. Box 4235
Kingston, NY 12401

BASCH & KEEGAN
PERSONAL INJURY ATTORNEYS

Tel. (845) 338–8884
Fax: (845) 338–2268
www.BaschKeegan.com

Personal Injury Intake Form

Accident Information *(Continued)*

Did you take pictures of the accident scene? ☐ Yes ☐ No

Did you report the accident to anyone (police, property owner, manager)? ☐ Yes ☐ No

Do you have a copy of the accident report? ☐ Yes ☐ No

Description of accident:

Car Insurance:

Your Car Insurance Company	
Policy Number	Claim Number
Other Driver Insurance Company	Other Driver Policy Number

Injuries

What injuries are you claiming as a result of this accident? (Please check all that apply):

☐ Head	☐ Right Arm	☐ Right Hand	☐ Right Knee	☐ Right Foot	☐ Back (upper)
☐ Neck	☐ Left Arm	☐ Left Hand	☐ Left Knee	☐ Left Foot	☐ Back (mid)
☐ Right Shoulder	☐ Right Wrist	☐ Right Leg	☐ Right Ankle	☐ Hips	☐ Back (lower)
☐ Left Shoulder	☐ Left Wrist	☐ Left Leg	☐ Left Ankle	☐ Buttocks	☐ Nerve pain

Did you go to the emergency room following the accident? ☐ Yes ☐ No

Did you take an ambulance? ☐ Yes ☐ No | **Name of ambulance:**

What hospital did you go to? ▸

Did you see any doctors after the accident (other than an initial hospital visit) ☐ Yes ☐ No

If you checked "Yes", provide names below:

Doctor's Name	Doctor's Name
Doctor's Name	Doctor's Name

307 Clinton Avenue
P.O. Box 4235
Kingston, NY 12401

BASCH & KEEGAN
PERSONAL INJURY ATTORNEYS

Tel. (845) 338–8884
Fax: (845) 338–2268
www.BaschKeegan.com

Personal Injury Intake Form

Client's Employment Information

Are you presently employed? ☐ **Yes** ☐ **No** *If you checked "Yes", please fill out the section below.*

Name of employer		
Employer's street address		
City	State	Zip
Position	Supervisor	Supervisor's phone number
Rate of pay		Please check one: ☐ **Hourly** ☐ **Weekly** ☐ **Salary**
Hours per week	Hours per day	

Did you miss work due to the accident? ☐ **Yes** ☐ **No**

Dates of work missed ▸

From (date) ____/____/____	To (date) ____/____/____

Health Insurance

Do you receive Medicaid/Medicare benefits? ☐ **Yes** ☐ **No**

If you receive Medicaid, please identify the county that pays the premium ▸

County

If you are covered by a private health insurance company please identify the name of the company

Health insurance company

307 Clinton Avenue
P.O. Box 4235
Kingston, NY 12401

BASCH & KEEGAN
PERSONAL INJURY ATTORNEYS

Tel. (845) 338–8884
Fax: (845) 338–2268
www.BaschKeegan.com

Personal Injury Intake Form

Health History

Please provide information about any past accidents, personal injury claims or other health conditions

	Date
	Date
	Date

Are you currently being treated or medicated for any injuries? ☐ Yes ☐ No

If you checked "Yes", please explain:

Have you ever been in an accident before? ☐ Yes ☐ No

Do you suffer from a chronic condition worsened by your most recent accident? ☐ Yes ☐ No

Do you currently receive disability benefits? ☐ Yes ☐ No

Are you currently being treated for any injuries? ☐ Yes ☐ No

Have you ever filed a Worker's Compensation claim? ☐ Yes ☐ No

Referral Information

How did you hear about us? ☐ Newspaper ☐ Internet ☐ Billboard ☐ Bus ☐ Other

If "Other", please explain:

Are you familiar with any of our attorneys? ☐ Yes ☐ No

If so, who are you most familiar with? *Please check the name below:*

☐ Eli Basch ☐ Maureen Keegan ☐ Derek Spada ☐ John DeGasperis