

# INTERVIEW INFORMATION

Today's date:	Referred by:	
Name:		
Address:		
City State Zip:		
Telephone: Home:	Work:	Message:
Date of birth:	Social Security:	
Employer:		
Address:		
City State Zip:		
Telephone:		
Date of employment:	Date of termination:	
Working now?	Last day worked:	Date returned to work:
Occupation:	Rate of weekly pay:	Hours per week:
Are you in a union?	Name of union:	
<b>Date of injury:</b>		
Place of injury:		
How did the injury happen?		
Parts of body injured:		
Date first reported:	Reported to:	
Date claim form given to employer:	Do you have a copy of the claim form?	
<b>Date of first medical treatment:</b>		Date of last treatment:
First treating doctor:		Who picked the doctor:
Current treating doctor:		Who picked the doctor:
Before the date of injury did you give your employer the name of a doctor to treat you?		
<b>Insurance company:</b>		
Address:		
City State Zip:		
Adjuster:	Telephone No.:	Extension:
Claim No.		
Date benefits started:	Weekly rate of benefits:	

Remarks: