Personal Injury Client Intake Form

Initial intake for a prospective personal injury matter. Captures the incident, injuries, treatment and losses.

ORGANISATION

DATE

> Complete a conflict check before taking detailed instructions. Nothing on this form creates a retainer, and the prospective client should be told so in writing.

Prospective client

FULL LEGAL NAME

DATE OF BIRTH

DATE OF ENQUIRY

ADDRESS

POSTCODE

MOBILE

EMAIL

PREFERRED CONTACT METHOD

OCCUPATION AND EMPLOYER

INTERPRETER REQUIRED

LANGUAGE

Intake and conflict check

TAKEN BY

DATE AND TIME

SOURCE OF ENQUIRY

MATTER NUMBER

CONFLICT CHECK

- [ ] Completed, no conflict
- [ ] Conflict identified
- [ ] Pending

OTHER PARTIES AND THEIR REPRESENTATIVES, FOR CONFLICT PURPOSES

The incident

DATE OF INCIDENT

TIME

LOCATION

TYPE OF CLAIM

- [ ] Motor vehicle
- [ ] Workplace
- [ ] Public liability
- [ ] Medical negligence
- [ ] Product liability
- [ ] Slip or trip
- [ ] Assault
- [ ] Other

DESCRIBE WHAT HAPPENED IN YOUR OWN WORDS

WHO DO YOU SAY WAS AT FAULT, AND WHY

POLICE OR INCIDENT REPORT MADE

REFERENCE NUMBER

REPORTED TO WHOM

Witnesses and evidence

WITNESS NAME	CONTACT DETAILS	WHAT THEY SAW

EVIDENCE AVAILABLE

- [ ] Photographs
- [ ] Video or dashcam
- [ ] CCTV known to exist
- [ ] Medical records
- [ ] Police report
- [ ] Incident report
- [ ] Receipts and invoices
- [ ] Correspondence
- [ ] None yet

Injuries and treatment

INJURIES SUSTAINED

DATE	TREATING PRACTITIONER OR FACILITY	TREATMENT GIVEN	ONGOING

CURRENT SYMPTOMS AND LIMITATIONS

PRE-EXISTING CONDITIONS AFFECTING THE SAME AREA

Financial loss

TIME OFF WORK TO DATE

NORMAL EARNINGS

LOSS CLAIMED TO DATE

MEDICAL AND OUT OF POCKET EXPENSES

CARE AND ASSISTANCE REQUIRED

PROPERTY DAMAGE

OTHER LOSSES

Insurance and prior advice

YOUR INSURER AND POLICY NUMBER

OTHER PARTY INSURER

CLAIM ALREADY LODGED

CLAIM NUMBER

ANY OFFER RECEIVED

Have you consulted another lawyer about this matter?

- [ ] No
- [ ] Yes, previously
- [ ] Yes, currently

IF YES, FIRM NAME AND OUTCOME

ANY LIMITATION DATE KNOWN

> Limitation periods are strict and vary by claim type and jurisdiction. Diarise the earliest possible limitation date at intake, before the file is opened.

Acknowledgement

- [ ] I understand this intake does not create a lawyer and client relationship
- [ ] I understand the firm must complete conflict and merit checks before accepting instructions
- [ ] The information I have provided is true and complete to the best of my knowledge
- [ ] I consent to the firm obtaining my medical, employment and insurance records where relevant

PROSPECTIVE CLIENT SIGNATURE

PRINT NAME

DATE

TAKEN BY

PRINT NAME

DATE