

Injury

What injuries or complications did you suffer as a result of the injury? _____

Have you fully recovered from the injury? Yes No

If no, please describe your current condition: _____

Has the injury affected your ability to work, live independently, or care for others? Yes No

If yes, please explain briefly: _____

Other Information

Have you spoken with any other attorneys about this matter? Yes No

If yes, who? _____

Do you have a copy of any of your medical records related to this incident? Yes No