

James H. Sandman, P.C.
30 Green Street
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INFO@JSANDMANLAW.COM

CLIENT INTAKE QUESTIONNAIRE - WORKER'S COMPENSATION
Page 1 of 3

Please complete and sign this form and Fax, mail or hand-deliver to James H. Sandman, P.C.

Name:		Nickname:	
Address (Street, City, State, Zip Code):			
Home Phone:	Fax:	Cell Phone:	
Emergency/Relative Phone:			
Social Security #:		Date of Birth:	
Education	Grad. Date:	Degree:	
Marital Status:	# and Ages of Children:		
Employer:			
Employer's Street Address:			
Employer's City:	State:	Zip:	Phone #:
Date Employment Began:		Where Hired:	
Average Wage (before taxes):		Job Title:	
Job Description:			
Did You Have a Second Job and the Time of Your Injury?			
Second Employers Name and Address:			
Wage or Salary:		Date Began:	
Date of Injury:		Place of Injury:	
What Were You Doing at the Time of Injury?			
How Did Injury Occur?			
Were There Any Witnesses?			
To Whom Did You Report Your Injury?			
Title:		When Reported:	
What Body Part Did You Injure?			
Are You Right or Left Handed?			
Have You Ever Injured This Body Part Before?		If so, Did This Injury Occur at Work?	
What is the Diagnosis of Your Present Injury?			

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Please complete and sign this form and Fax, mail or hand-deliver to James H. Sandman, P.C.

Were You Paid Worker's Compensation Benefits?		Amount:	
Worker's Compensation Insurance Company:			
Address:			
City:	State:	Zip:	Phone:
Claims Adjuster:		Claim Number:	
What Hospital or Doctor Did You Go To After Your Injury and When:			
What Doctors Have You Treated With Since Then:			
What Hospitals Have You Treated With Since Then:			
Who is Your Currently Treating Physician For This Injury?			
What Physical Therapy, Massage Therapy Acupuncture, Etc.?			
What CT-Scans, MRI's, X-rays, Surgeries Have You Had, When and Where?			
What Medications Are You Taking Now?			
When Did You First Stop Working As a Result of Your Injury?			
What Other Periods of Time Were You Out of Work?			
If So, Were You Paid Compensation Benefits During Any of Those Times?			
Are You Presently Working:		For Whom:	
Since When:		For What Wage:	
Full or Part Time:		Regular or Light Duty:	
Are You Collecting Any Benefits from Welfare:			

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Please complete and sign this form and Fax, mail or hand-deliver to James H. Sandman, P.C.

Social Security Disability:	Veteran's Administration:
Short or Long Term Disability:	
Have You Ever Filed a Worker's Compensation Claim Before:	
If so, Please Describe the Circumstances:	
Are You Suffering From Any Other Disability or Injury:	
If so, Please Describe:	
Please Write Anything Else That May Be Helpful in the Evaluation of This Claim:	
HOW WERE YOU REFERRED TO THE LAW OFFICES OF JAMES H. SANDMAN, P. C.	
Yellow Pages:	Another Lawyer:
A Doctor	A Friend
Mass. Bar Association:	Essex County Bar Association:
I Am/Was a Client:	Other:

I HAVE READ THE ABOVE AND THE CONTENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature

Date