

James H. Sandman, P.C.
30 Green Street
Newburyport, MA 01950
(978) 465-9900 | Fax (978) 462-6470
INFO@JSANDMANLAW.COM

CLIENT STATUS QUESTIONNAIRE-WORKERS COMPENSATION

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

Employee: _____

Employer: _____

Date of Injury: _____

1.	What is your present address?
2.	What is your present telephone number?
3.	Are you still out of work?
4.	Have you attempted to return to work or are you looking for work?
5.	If so, when did you return to work, with whom, your salary, your hours and your job description?
6.	Are you still receiving worker's compensation benefits?
7.	How much per week?
8.	Which doctors are you still treating with?
9.	Last visit?
10.	Next visit?
11.	Are your medical bills being paid?
12.	Any other comments?

Signature: _____

Date: _____