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**CLIENT STATUS QUESTIONNAIRE AND PRE-COURT INQUIRY**  
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Dear Client:

Shortly, your case will be coming up in court. YOUR PRESENCE IN COURT AT THAT TIME IS MANDATORY. In order to properly prepare for the day, it is imperative that I am kept up to date on your post accident/work-related injury/disability medical and work history. Please answer the following questions completely and Fax, mail or hand-deliver this form to James H. Sandman, P.C. as soon as possible.

1.	Name:
2.	Address:
3.	Telephone:
4.	Date you last worked:
5.	For whom?
6.	What work did you do?
7.	How much did you earn per week?
8.	The names and addresses of the doctors you have seen since your accident/work-related injury/disability:  a. _____  b. _____  c. _____
9.	When did you last see each doctor? _____ If more than 30 days ago, call for an appointment immediately.
10.	When is your next appointment?
11.	Please list the names, locations and dates of any X-rays, MRI's, CT Scans, EMG's, Epidural Steroid Injections, Myelograms, or other diagnostic tests you have had or are scheduled to have:
12.	Are you presently receiving worker's compensation benefits or any other benefits and, if so, how much weekly/bi-weekly?
13.	Are your medical benefits, including therapy, prescriptions and mileage being paid by the insurer?

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| 14. | Have you attempted a return to work, even for as little as a day or two, while you were collecting worker's compensation benefits or any other benefits? If so, please explain |
| 15. | Do you have copies of medical, hospital or diagnostic study records which you have not given me? If so please include a copy.  |
| 16. | If you have been totally disabled and you believe that your disability will extend for a year or more, have you filed for Social Security Disability benefits?                 |
| 17. | What were the results of your application?   |
| 18. | Is there anything else that you think is important that you either want to share with me or ask me. Please remember there is NO question too simple:                           |

Signature \_\_\_\_\_

Date \_\_\_\_\_