



LAW FIRM OF  
**LAUB & LAUB**

A Professional Corporation

PERSONAL INJURY  
WORKERS COMPENSATION  
CRIMINAL DEFENSE  
BANKRUPTCY

**CLIENT INTAKE SHEET**

SLIP & FALL/ DOG BITE/ OTHER

Name: \_\_\_\_\_ Today's Date \_\_\_\_\_

Mailing  
Address: \_\_\_\_\_

Physical  
Address: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

E-Mail  
Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

Spouse's Name (if applicable)

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

**ACCIDENT INFORMATION**

Injury Date: \_\_\_\_\_ Day of Week: \_\_\_\_\_ Time \_\_\_\_\_

Location: \_\_\_\_\_ City and State \_\_\_\_\_

Injuries Sustained:

\_\_\_\_\_



1148 Ski Run Blvd.  
South Lake Tahoe  
California, 96150  
(530) 577-LAUB  
Fax (530) 544-4920



711 S. Carson St., Suite 2  
Carson City  
Nevada, 89701  
(775) 883-LAUB  
Fax (775) 883-1527



10368 Donner Pass Rd.  
Truckee  
California, 96161  
(530) 587-LAUB  
Fax (530) 587-2367



630 E. Plumb Lane  
Reno  
Nevada, 89502  
(775) 323-LAUB  
Fax (775) 323-3699



Did you report this incident to anyone? Y \_\_\_\_\_ N \_\_\_\_\_ Name: \_\_\_\_\_

If this is A SLIP AND FALL: What, in your opinion, caused your injury?

- |   |  |
|---|--|
| <input type="checkbox"/> No Salting, lack of shoveling snow/ice | <input type="checkbox"/> Inadequate Lighting |
| <input type="checkbox"/> No warning signs, cones, ropes, ect.   | <input type="checkbox"/> Faculty equipment   |
| <input type="checkbox"/> Inadequate maintenance of premises     | <input type="checkbox"/> Lack of Handrails   |
| <input type="checkbox"/> Snow storm drain                       | <input type="checkbox"/> Other _____         |

Did you have any alcoholic beverages prior to your fall? Y \_\_\_\_\_ N \_\_\_\_\_  
If yes, what were you drinking and how many did you consume?

Time of the Day you consumed them \_\_\_\_\_

Referred by: \_\_\_\_\_

PLEASE FULLY DESCRIBE HOW THE ACCIDENT OCCURRED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT INFORMATION/ WAGE LOSS**

Have you lost wages due to this incident? Y \_\_\_\_\_ N \_\_\_\_\_

Employer at time of accident:

Address: \_\_\_\_\_

Phone No. ( ) \_\_\_\_\_

Job Title and Description: \_\_\_\_\_

Rate of Pay: \$ \_\_\_\_\_ Per Hour \_\_\_\_\_ Week \_\_\_\_\_ Month \_\_\_\_\_

Dates missed from work: \_\_\_\_\_

Are you working now? Y \_\_\_\_\_ N \_\_\_\_\_

Are you working now? Y \_\_\_\_\_ N \_\_\_\_\_ For same employer? Y \_\_\_\_\_ N \_\_\_\_\_

If different employer, please provide name of different employer: \_\_\_\_\_

### **MEDICAL INFORMATION**

Injuries sustained: \_\_\_\_\_

Were you taken to hospital by ambulance? Y \_\_\_\_\_ N \_\_\_\_\_

Ambulance

Service: \_\_\_\_\_

Hospital: \_\_\_\_\_

Were X-rays taken? Y \_\_\_\_\_ N \_\_\_\_\_

### **MEDICAL PROVIDERS**

Besides treatment at the emergency room, who else has treated you for your injuries: \_\_\_\_\_