STINSON, LASSWELL & WILSON, L.C.
ATTORNEYS AT LAW
* OLIVE W. GARVEY BUILDING | 200 WEST DOUGLAS, SUITE 100 | WICHITA, KANSAS 67202 | TEL: 316.264.9137 | FAX: 316.264.3791 *

Submit

PERSONAL INJURY QUESTIONNAIRE

Name: _____
Any other names you are known by:

Address: _____
City, State, Zip: _____
How long at this address: _____
Please list any other addresses and how long you have lived there during the past five years:

Home Phone: (_____) _____ Work Phone: (_____) _____
Fax: (_____) _____ Cell Phone: (_____) _____
Birth Date: _____ Place of Birth: _____
Social Security Number: _____
Driver's License Number *(please include state where issued)*: _____

Father's Name: _____
Address: _____
City, State, Zip: _____

Mother's Name: _____
Address: _____
City, State, Zip: _____

Please list complete history of your education or any other vocational training you have received:
High School: _____ College: _____
Trade School: _____ Other: _____

Degrees:

Current Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

If married, divorced or widowed, please complete for each spouse:

Name of Spouse	Date of Marriage	Place of Marriage	Date of Divorce/Death	Place of Divorce/Death

Current Employer Name: _____

Address: _____

City, State, Zip: _____

Employer's Telephone Number: (_____) _____

Immediate Supervisor: _____

How long with current employer? _____

Current Position: _____ Current Salary: _____

Please State Your Employment History for the Last Five (10) Years:

Place of Employment	Dates of Employment	Immediate Supervisor	Position	Reason for Leaving
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				

Have you ever been a member of the Armed Forces: ☐ Yes ☐ No

If so, please complete:

Branch of Service of Which You Were a Member	Dates of Service	Place of Discharge or Separation from Active Duty

Have you ever been convicted of a felony or misdemeanor: ☐ Yes ☐ No

If so, please complete:

Nature of Offense	Date of Offense	Place of Offense	Date of Conviction

Except for this present claim, have you ever had or made any other claims or suits for injury or disability: ☐ Yes ☐ No

(Please include all other claims for personal injury, Worker's Compensation, Social Security Disability or Veterans Benefits)

If so, please complete:

Nature of Claim, Injury or Disability	Date Claim was Filed	Date of Settlement *(if any)*

Have you at any time before this present claim ever been injured in any manner: ☐ Yes ☐ No
If so, please complete:

Claim #1:
Date of Injury: _____
Location of Injury: _____
Circumstances of Injury: _____
Name(s) of Other Parties Involved:

Names of All Physicians, Surgeons or other Heath Care Providers Who Examined or Treated You:

Claim #2:
Date of Injury: _____
Location of Injury: _____
Circumstances of Injury: _____
Name(s) of Other Parties Involved:

Names of All Physicians, Surgeons or other Heath Care Providers Who Examined or Treated You:

Claim #3:
Date of Injury: _____
Location of Injury: _____
Circumstances of Injury: _____
Name(s) of Other Parties Involved:

Names of All Physicians, Surgeons or other Heath Care Providers Who Examined or Treated You:

Claim #4
Date of Injury: _____
Location of Injury: _____
Circumstances of Injury: _____
Name(s) of Other Parties Involved:

Names of All Physicians, Surgeons or other Heath Care Providers Who Examined or Treated You:

Please state the names of all medical practitioners (including chiropractors) whom examined and/or treated you within the past ten years. Also, list the names of all hospitals and clinics of which you have been a patient in the past ten years: