Worker's Compensation Interview Form

General
Has an attorney handled this claim before?_____

If so, who?_____

Are they still your attorney of record?_____

Have you ever used a different social security number? _____

Employer
Reported to Employer? _____

When?_____

To Whom?_____

Checks
Are you receiving?_____ TIBS IIBS SIBS

If no, when did they stop? _____

Why did they stop? _____

Claim
Accepted or Denied? _____

Denial: _____

_____

_____

Prior History
Have you ever filed a w/c claim before? _____When? _____

Have you filed for Social Security? _____ Dates Received _____

_____

Any prior injuries to the same part of body?_____

Doctor
Treating Doctor

First time you saw a Doctor_____ Who? _____

Who sent you? _____

Still Seeing a Doctor? _____

Has Doctor released you back to work? _____ Light Duty or Full Duty

Diagnosis_____

Work

Did you lose any time from work? _____

What can we do for you? _____

Additional Comments

_____

_____

_____

_____

_____

_____

Contact Information

Your Name_____

Your Address_____

City_____ State_____ Zip_____

Telephone_____ Alternate Telephone _____

Email Address _____

Today's Date _____

Please Mail to:

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Austin, TX 78741

If you have Questions, please contact us at (512) 327-6884