

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