



Bichler, Oliver, Longo & Fox WC INTAKE FORM

MATTER

INTAKE DATE:		ATTY:	
PHONE/OFFICE CONFERENCE DATE:		REF. BY:	
Name:		Spouse:	
Address:			
City:		State:	Zip: Male/Female
Home:	Cell:	Work:	
SS#:	DOB:	Age:	
Email address:			
EMPLOYER INFORMATION			
Employer:			
Address:			
Phone:	Supervisor:		
Job Description:			Date of Hire:
Salary:	Pension Plan: Investment or Pension		Still w/ Employer:
CARRIER INFORMATION			
Name:			
Address:			
Phone:	Adjuster:	Phone:	
WORK STATUS			
Full Duty/Full Pay:	Reduced Duty/Full Pay:	Reduced Duty/Reduced Pay:	
No Work/Wages Cont.:	No Work/No Wages:	Sick/Vac Time Used:	
Retired:	As Of:	None Apply:	
WORK HISTORY			
Concurrent Employment:			
Address:			Phone:
Education:			
Work History:			
INJURY (NON 112.18)			
Type of Injury:			
D/A:		Reported to:	Time:
NOI Filed:	When:	Claim Accepted:	
City/County of Accident:			
Description of Accident:			

HEART/LUNG CLAIMS (FS 112.18)

Type of Injury:

D/A:	Reported to:	Time:
NOI Filed:	When:	Claim Accepted:

City/County of Accident:

Description of Accident:

Family History of HTN/HD:

Tobacco User:	How Long:	Packs per Day:
How long have you quit:		
Diabetic:	Height:	Weight:
Alcohol Use:	When did you quit:	

HEART/LUNG – Part II

Pre-Employment Physical (PEP):

1. Did you have a PEP when you started employment with your current employer:

2. Were there any cardiac abnormalities revealed at the time of your pre-employment physical (ie: evidence of either hypertension or heart disease):

*If yes, please describe:

7. Have you been diagnosed with either hypertension or any type of heart disease:

a). If yes, what conditions have you been diagnosed with:

b). When were you diagnosed with these conditions:

MEDICAL PROVIDERS			
DOCTOR/FACILITY:	WC:	PHONE:	
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Pharmacy:

MEDICATIONS

1.	5.
2.	6.
3.	7.
4.	8.

MISCELLANEOUS INFORMATION

Previous Litigation:

Previous Attorney:

Dependent Children:

Child Support Obligation:

City:

County:

State:

Amount Owed: \$

Arrearages: \$

TO DO (ATTORNEY USE ONLY)

NOI:

NOA:

LIEN:

RTP:

GFL:

PFB:

Initial Letter to Adjuster:

Compensable/Denied

Initial Letter to Client:

Include Mileage Forms:

Sign-up w/ Pharmacy:

Request Medical Records:

Other:

ISSUES TO RESOLVE (ATTORNEY USE ONLY)

GFL/PFB Language:

NOTES