

Personal Injury Questionnaire

Westbrook Law & Mediation Centre
Suite 208, 11 Fairway Drive
Edmonton, AB T6J 2W4

The information provided in this form will allow me to better understand your situation.
It will be kept confidential and will not be shared without your consent with anyone (except my assistants).

Section 1 Your Information

Date

dd/mm/yyyy

Your Name

First

Middle

Last

Date of Birth

dd/mm/yyyy

Address

Street

City/Town

Postal Code

Section 2 Accident Information

Date of the accident:

DD/MM/YYYY

Place:

Were you wearing your seatbelt?

Yes

No

Were there any passengers?

Yes

No

If yes, what are their names,
ages, and relationship to you?

First Name, Last Name

Age

Relationship

First Name, Last Name

Age

Relationship

First Name, Last Name

Age

Relationship

First Name, Last Name

Age

Relationship

What is the name of the person you
believe to be at fault?

Please provide a brief summary of how
the accident happened:

Section 3 Accident Information cont'd

Did the police arrive at the scene?

Yes

No

Did an ambulance arrive?

Yes

No

Were there any witnesses?

If yes, provide their contact information:

Were pictures taken at the scene?

Yes

No

Did you go to the hospital?

Yes

No

If yes, which one and on what date?

Hospital

dd/mm/yyyy

Did you see a doctor
after the accident?

Yes

No

If yes, when, where, and
who did you see?

What injuries did you suffer as a result
of the accident?

Have you reported your accident to
your insurance company?

Yes

No

*Do you have a copy of the
Section AB form?

Yes

No

Was there any damage to your vehicle?

Yes

No

Was an estimate done?

Yes

No

Do you have a copy of this estimate?

Yes

No

**Please bring a copy of the Section AB form that was filled out by yourself
and your doctor/treatment physician to our first meeting*

Section 4 Other Information

What is your occupation?

Have you been off work at all
since this accident?

Yes

No

If yes, for how long?

Have you been in any accidents prior to this one? (Car accidents, slip and falls, work related, sports injury etc.)
If so, please tell us when and what happened to you.

How did you hear about Dr. Dorczak?