

**PERSONAL INJURY ENQUIRY QUESTIONNAIRE**

**Name:**

**Address:**

**Telephone:**

**(home)**

**(mobile)**

**E-mail:**

**Occupation:**

**Date of birth:**

**Marital status:**

**National Insurance number:**

**Date of accident:**

**Name of person you think is to blame for the accident:**

**Your relationship to that person, if any:**

**A brief description of how the accident occurred:**

**Were there any witnesses to your accident? If so what were their names and addresses:**

**A brief description of your injuries:**

**Have you visited a hospital as a result of your accident?**

**Have you visited your GP as a result of your accident?**

**What medical treatment have you received for your injury?**

**Will you be having any medical treatment in the future? If so, can you explain what this is likely to be?**

**Have you been able to work since your accident?**

**Do you have any previous medical history which may be relevant?  
(eg previous back problems, epilepsy, diabetes etc)**