



Personal Injury Workbook

To assist you in recording relevant information



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Personal Injury Workbook

This workbook will help you keep track of important information about your accident and injuries. As you progress through the claims process you will often be asked to provide personal information or details about the accident. It is a good idea to start tracking and recording this information now, so it can be easily remembered and accessible if needed.

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Personal Information

Name: _____

Address: _____

Telephone/fax: _____

Date of birth: _____

OHIP no.: _____

Driver's license no.: _____

SIN no.: _____

Citizenship status: _____

Details of Accident

Date: _____

Time: _____

Location: _____

Description of accident: _____

Did the accident happen while you were working? _____

Were the police called? _____

Who was the investigating officer? _____

Did you give a statement? _____

Do you have a copy? _____

If this was a motor vehicle accident, do you have a copy of the accident report? _____

Was anybody charged by the police? _____

If yes, provide details: _____

Was an ambulance called? _____

If this was a motor vehicle accident, list all of the other vehicles and drivers involved:

Was anyone else injured? _____

Were there any witnesses? _____

Names and contact information: _____

Did you report the accident? _____

If yes, when and to whom? _____

Was a report made? _____

Do you have a copy? _____

Family Information

Marital status: _____

Spouse's/common-law partner's name, address, phone number, and date of birth:

Date of marriage/separation/divorce: _____

Do you have any children? _____

If yes, names, addresses, phone numbers, and dates of birth:

Are your parents still living? _____

If yes, names, addresses, phone numbers, and dates of birth:

Do you have any siblings? _____

If yes, names, addresses, phone numbers, and dates of birth: _____

Do you have any living grandparents or grandchildren? _____

If yes, names, addresses, phone numbers, and dates of birth:

Medical Information

Did you go to the hospital after your accident? _____

If yes, which hospital and when? _____

What treatment did you receive? _____

Which doctors did you see? _____

Did you go to see your family doctor or a walk-in clinic after the accident? _____

If yes, when and which doctor? _____

If this was your family doctor, how long have you been his/her patient?

What treatment did you receive? _____

Have you been referred to any specialists since your accident? _____

If yes, who and when? _____

What treatment did you receive? _____

Have you seen a chiropractor, physiotherapist, massage therapist, psychiatrist, psychologist or other treatment provider since the accident?
If yes, list all providers and the times you saw them: _____

Describe the treatment you received: _____

List your injuries as you know them: _____

Describe the effects your injuries have on you, including the frequency and severity of your symptoms: _____

List any past injuries you have suffered for which you sought medical attention:

Have you taken any medication since your accident? _____

List all medications and how long you took them: _____

Have you undergone any medical testing, such as X-rays, MRIs, CAT scans, etc.?

If yes, provide details: _____

Were any other members of your family injured in the accident? _____

If yes, provide details: _____

Employment Information

Were you employed at the time of the accident? _____

Name of employer: _____

Address: _____

Nature of business: _____

Job title and description: _____

Supervisor's name: _____

If you are a member of a union, identify union and local: _____

Hours worked per week: _____

Hourly wage, if applicable: _____

Average overtime worked, if any: _____

Overtime rate, if applicable: _____

Length of time with that employer: _____

Income for the past 52 weeks before the accident: _____

Income for the past 4 weeks before the accident: _____

Did you miss any time from work as a result of your injury? _____

If yes, provide details: _____

Did you use up any sick leave? _____

If yes, provide details: _____

Did you use any vacation time? _____

If yes, provide details: _____

Were you able to return to work? _____

If yes, provide details: _____

Describe your essential job duties: _____

Which duties does your injury prevent you from performing? _____

Were you self-employed at the time of the accident? _____

Name of business: _____

Address: _____

Nature of business: _____

Ownership interest: _____

Corporation/partnership/sole proprietorship: _____

Does your business have a bookkeeper/accountant? _____

Contact information: _____

Income for the last fiscal year before the accident: _____

Income for the past 52 weeks before the accident: _____

Did you miss any time from work as a result of your injury? _____

If yes, provide details: _____

Did your business lose income while you were off work? _____

If yes, provide details: _____

Did your business have to replace you while you were off work? _____

If yes, provide details: _____

Were you able to return to work? _____

If yes, provide details: _____

Were you the primary caregiver for a person in need of care? _____

If yes, for whom did you provide care? _____

Name, address, date of birth: _____

Does the person suffer from a disability? _____

What care did you provide? _____

Which duties did your injury prevent you from performing, if any?

How often did you provide that care? _____

Were you a student at the time of the accident? _____

If yes, which school/program: _____

Did you miss any time away from your schooling? _____

If yes, provide details: _____

Education

Have you graduated from school? _____

If yes, which school, where, when? _____

Have you attended college or university? _____

If yes, which school(s), where, when? _____

Details of diploma(s) or degree(s) obtained: _____

Have you received any special training? _____

If yes, provide details: _____

Attendant Care and Housekeeping Assistance

Has your injury prevented you from being able to look after your personal hygiene?

If yes, provide details: _____

If yes, has someone provided you with assistance? _____

Name, address, telephone number: _____

Describe the care that person has provided: _____

Was that person paid for their services? _____

Has your injury prevented you from performing your ordinary housekeeping and home maintenance tasks around the home? _____

If yes, provide details: _____

If yes, has someone else provided you with assistance? _____

Name, address, telephone number: _____

Describe the work that person has done: _____

Was that person paid for their work? _____

Recreational Activities

List all of the recreational activities, sports, or hobbies that you engaged in prior to the accident, and describe how often you would engage in them.

Which activities does your injury prevent you from enjoying, if any?

Insurance Information

Automobile Insurance

Do you, your spouse, a member of your family, or your employer own a vehicle?

List the insurance companies that insure these vehicles: _____

Short-Term Disability

Do you have a short-term disability insurance policy available to you, either privately or through your work? _____

List the applicable insurance companies: _____

Long-Term Disability

Do you have a long-term disability insurance policy available to you, either privately or through your work? _____

List the applicable insurance companies: _____

Medical Insurance

Do you, your spouse, or another member of your family, have additional medical coverage available to you, either privately or through your work? _____

List the applicable insurance companies: _____

Life Insurance

If a family member has died as a result of an accident, did that family member have a life insurance policy? _____

List the applicable insurance companies: _____

List any insurance brokers that you have dealt with concerning insurance policies: _____

Have you applied for and/or received Worker's Safety and Insurance Board benefits, Canada Pension Plan benefits, Ontario Disability Support Program benefits, or any other benefits either before or after your accident? _____

If yes, provide details: _____

Claim Information

List the insurance companies that you have reported your accident to:

When and how did you report the accident? _____

Have you been contacted by adjusters for these insurance companies? _____

If yes, list the adjusters that have contacted you, their contact information, and their claim number(s): _____

Have you provided a statement to one of these adjusters? _____

If yes, provide details: _____

Do you have a copy of the statement? _____

Have you notified another party of your accident? _____

If yes, provide details: _____

Have you been contacted by an insurance adjuster representing another party?

If yes, list the adjusters that have contacted you, their contact information, and their claim number(s):

Have you provided a statement to one of these adjusters?

If yes, provide details:

Do you have a copy of the statement?

Have you undergone any medical assessments at the request of any insurance adjuster?

If yes, provide details:

Do you have a copy of any reports that were made?

Has any party denied your claim?

If yes, provide details:

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