24123 Greenfield Rd
Suite 306
Southfield, MI. 48075
Tel: 248-701-0854
Email: collinscareconsulting@gmail

Collins Care Consulting
Dedicated to hope, healing & recovery
"The best way to find yourself is to lose yourself in the service of others"- Ghandi

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CLIENT INTAKE FORM-AUTO

Client Name_____ Phone: _____

Address: _____

SS#_____DOB:_____

Identification No_____

Emergency Contact/Secondary Number:_____

Marital Status: Married. Single. Divorced. Separated. Never Married

If separated, spouses name and address_____

Email:_____

Occupation:_____ Employers Name:_____

Injuries Sustained:_____

PREVIOUS HEALTH INFO/HEALTH INSURANCE

Pre-existing Health Information:_____

Allergies:_____

Primary PCP:_____ Contact #_____

Primary Health Insurance:_____

Policy Holder:_____ Group#_____

ACCIDENT INFORMATION

Date of Accident:_____ Those Involved:_____

Police Report Filed: Yes No Police Report#_____

Hospital:_____ Arrive via Ambulance? Yes No

Test taken at Hosp?_____ Type of Test Taken_____

Hospital Refferals?_____

PIP AUTO INSURANCE INFORMATION

Insurance at time of accident:_____ Type of Insurance_____

Policy Holder:_____ Relation:_____

Policy Number:_____ Claim#_____

PIP Policy Limits_____ PIP Opt Out. Yes. No

Adjuster:_____

P:_____ F:_____

Address:_____

BI AUTO INSURANCE INFORMATION

Insurance at time of accident:_____ Type of Insurance_____

Policy Holder:_____

Policy Number:_____ Claim#_____

PIP Policy Limits_____ BI Excess Yes. No

Adjuster:_____

P:_____ F:_____

Address:_____

TREATING PROVIDERS

Provider/Facility Name:_____

Address:_____

Phone:_____ Fax:_____

Dates of Service:_____ Provider Type:_____

Test Taken:_____

Provider/Facility Name:_____

Address:_____

Phone:_____ Fax:_____

Dates of Service:_____ Provider Type:_____

Test Taken:_____

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Test Taken:_____

ACCIDENT DETAILS

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MISC NOTES

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Referred By:_____

Date:_____

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Dates of Service:_____ Provider Type:_____

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MISC NOTES

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Referred By:_____

Date:_____