



TRIAL LAWYERS SINCE 1877

**BEAMENT  
HEBERT  
NICHOLSON  
LLP**

**OTTAWA PERSONAL INJURY LAWYERS**

Personal Injury Law Experts

*The Dispute Resolution Law Firm*

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**Derek Nicholson**

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**Internal:**

Date: \_\_\_\_\_

How did client learn of us (i.e. referral, website, etc):

\_\_\_\_\_

Contingency Fee Agreement: Yes  No

**INITIAL INTERVIEW FORM**

**PART 1: BACKGROUND CLIENT INFORMATION**

Name: \_\_\_\_\_

Date of Loss: \_\_\_\_\_

Month / Day / Year

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_

Business: \_\_\_\_\_ Cellular: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ OHIP# \_\_\_\_\_

Month / Day / Year

S.I.N.#: \_\_\_\_\_

**FLA CLAIMANTS (Family Members)**

**Name**

**Date of Birth**  
Month /Day /Year

**Relationship**

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**(Attach Additional Page if more space required)**

**PART II: THE INCIDENT - Description of What Happened?**

**Date of Loss:** \_\_\_\_\_  
Month/Day/Year

**Location:** \_\_\_\_\_  
\_\_\_\_\_

**BRIEF DESCRIPTION OF INCIDENT:**

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**Police Report No:** \_\_\_\_\_

**Police Dept:** \_\_\_\_\_

**Investigating Officer:** \_\_\_\_\_



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**PART IV - LIST ALL DOCTORS AND HEALTHCARE PROVIDERS WHO HAVE ASSISTED YOU WITH THESE INJURIES AS WELL AS ALL DOCTORS AND HEALTH CARE PROVIDERS YOU HAVE SEEN IN THE LAST 10 YEARS OR EVER IF YOU HAVE HAD SIMILAR PRIOR PROBLEMS**

**DOCTORS:**

Name: \_\_\_\_\_

Speciality: \_\_\_\_\_

Address: \_\_\_\_\_  
*(Include Postal Code)*

Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Name: \_\_\_\_\_

Speciality: \_\_\_\_\_

Address: \_\_\_\_\_  
*(Include Postal Code)*

Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Name: \_\_\_\_\_

Speciality: \_\_\_\_\_

Address: \_\_\_\_\_  
*(Include Postal Code)*

Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

**DOCTORS (Con't if necessary)**

Name: \_\_\_\_\_

Speciality: \_\_\_\_\_

Address: \_\_\_\_\_  
*(Include Postal Code)*

Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Name: \_\_\_\_\_

Speciality: \_\_\_\_\_

Address: \_\_\_\_\_  
*(Include Postal Code)*

Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

**OTHER HEALTHCARE PROVIDERS - (Hospitals, Physiotherapists, Occupational Therapists, etc.)**

Hospital: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_  
*(Include Postal Code)*

Admission: From \_\_\_\_\_ To \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Hospital: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_  
*(Include Postal Code)*

Admission: From \_\_\_\_\_ To \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Hospital: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_  
*(Include Postal Code)*

Admission: From \_\_\_\_\_ To \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Name: \_\_\_\_\_ Speciality: \_\_\_\_\_

Company (If Applicable) \_\_\_\_\_

Address: \_\_\_\_\_  
*(Include Postal Code)*

Telephone: \_\_\_\_\_ Fax No: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Speciality: \_\_\_\_\_

Company (If Applicable) \_\_\_\_\_

Address: \_\_\_\_\_  
*(Include Postal Code)*

Telephone: \_\_\_\_\_ Fax No: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Speciality: \_\_\_\_\_

Company (If Applicable) \_\_\_\_\_

Address: \_\_\_\_\_  
*(Include Postal Code)*

Telephone: \_\_\_\_\_ Fax No: \_\_\_\_\_ E-mail: \_\_\_\_\_

**PART V - COMPLETE EMPLOYMENT AND EDUCATIONAL HISTORY**

**A. COMPLETE EMPLOYMENT HISTORY**

Employer: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_  
(Include Postal Code)

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Type of Work \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Salary: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_  
(Include Postal Code)

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Type of Work \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Salary: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_  
(Include Postal Code)

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Type of Work \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Salary: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_  
(Include Postal Code)

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Type of Work \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Salary: \_\_\_\_\_

**COLLATERAL BENEFITS -**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. COMPLETE EDUCATION HISTORY**

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_  
(Include Postal Code)

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Period of Attendance: From \_\_\_\_\_ To: \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_  
(Include Postal Code)

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Period of Attendance: From \_\_\_\_\_ To: \_\_\_\_\_  
Month/Day/Year Month/Day/Year



Name of School: \_\_\_\_\_

Address: \_\_\_\_\_  
(Include Postal Code)

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Period of Attendance: From \_\_\_\_\_ To: \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_  
(Include Postal Code)

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Period of Attendance: From \_\_\_\_\_ To: \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_  
(Include Postal Code)

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Period of Attendance: From \_\_\_\_\_ To: \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_  
(Include Postal Code)

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Period of Attendance: From \_\_\_\_\_ To: \_\_\_\_\_  
Month/Day/Year Month/Day/Year