CANPRO® Investigations

FILE INTAKE FORM

FAX: **604.517.4510** TEL: **604.517.4545**
TOLL FREE TEL: **1800.661.9077**

DATE:_____ (day/month/year) CLIENT FILE #:_____ INCIDENT DATE:_____ (day/month/year) FILE #:_____

SUBJECT: _____
LAST FIRST MIDDLE

ADDRESS:_____
STREET CITY POSTAL CODE

PHONE: _____ 2nd PHONE:_____ AGE: _____ OTHER: _____

GENDER: M F _____
ETHNIC GROUP HEIGHT WEIGHT BUILD HAIR STYLE/COLOUR GLASSES MOUSTACHE/BEARD

SPOUSE: Y N _____ CHILDREN: Y N _____

D.O.B.: _____ D.L.#_____ PHOTO/STATEMENT: NO _____ YES _____

REPRESENTED:_____
NAME ADDRESS

WORKING: Y N PT ? _____
TITLE / OCCUPATION

SUBJECTS' COMPANY: _____
ADDRESS WORK PHONE

VEHICLE #1: _____
LICENSE PLATE YEAR COLOUR MAKE MODEL

VEHICLE #2: _____
LICENSE PLATE YEAR COLOUR MAKE MODEL

VEHICLE #3: _____
LICENSE PLATE YEAR COLOUR MAKE MODEL

INJURIES: S.T.I. ☐ H.I. ☐ SPECIFICS: _____

APPTS: _____
DATE TIME LOCATION (*IME PHYSIO MASSAGE CHIRO REHAB EXAM FOR DISCOVERY COURT*)

FAMILY DR: _____
NAME ADDRESS PHONE

ASSIGNMENT: Specific Days ☐ Random Days ☐ BUDGET:_____

_____

_____

COMMUNICATION LEVEL: CLIENT REQUIRES UPDATE EACH? 5 Hours ☐ 10 Hours ☐ Once A Day ☐
CHOOSE VIDEO FORMAT Video CD ☐ DVD ☐

CLIENT: _____ DIRECT TEL#: _____ CELL#:_____
FULL NAME TITLE

COMPANY: _____ OFFICE TEL. #: _____

CO.ADDRESS:_____ FAX#: _____

DIVISION: _____ E-MAIL: _____

DEFENCE COUNSEL: _____ DIRECT TEL #: _____

LAW FIRM:_____
NAME ADDRESS MAIN TEL#