



# K.W. REAGLES & ASSOCIATES

Vocational, Rehabilitation & Economic Consultation Services

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## CLIENT INFORMATION FORM

### CLIENT NAME

CONTACT PERSON: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE: (     ) \_\_\_\_\_  
EVALUATION DATE: \_\_\_\_\_

### ATTORNEY

FIRM: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE: (     ) \_\_\_\_\_

### PERSONAL DATA

AGE: \_\_\_\_\_ SEX: \_\_\_\_\_  
HANDEDNESS: \_\_\_\_\_ ETHNICITY: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DATE OF INCIDENT: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DATE OF DEATH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

HEIGHT: \_\_\_\_\_ FT. \_\_\_\_\_ IN.  
CURRENT WEIGHT: \_\_\_\_\_ LBS.  
PREVIOUS WEIGHT: \_\_\_\_\_ LBS.  
SOCIAL SECURITY #: \_\_\_\_\_

### MARITAL STATUS

SPOUSE'S NAME: \_\_\_\_\_  
CHILDREN'S NAMES: \_\_\_\_\_ AGES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE OF MARRIAGE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
PREVIOUSLY MARRIED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### EDUCATION

#### OCCUPATION

LABOR UNION: \_\_\_\_\_  
BUSINESS MANAGER: \_\_\_\_\_  
CURR. EARN. DATA: \_\_\_\_\_

#### EMPLOYER

ADDRESS: \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_

### BRIEF DESCRIPTION OF EVENT AND INJURIES:

### IMPRESSIONS: