ADVANCE
PHYSICAL THERAPY

972-296-1808
972-296-3777
advancephysicaltherapy.com

Personal Injury Information Form

Patient Name:		DOB:	
Date of Accident:		Time of Accident:	
Your Law Firm:			
Name of Attorney/ Case Manager:			

1. Motor Vehicle Accidents:

Your Personal Car Insurance:		Claim Number:	
Adjustor's Name:			
Email:		Phone:	
Make and Model of your Vehicle:		Year:	
Your Position in the vehicle:	☐ Driver ☐ Passenger – Front ☐ Rear ☐ Third Row ☐ Driver Side ☐ Passenger Side		
Speed of your vehicle:	☐ Stopped ☐ Parked ☐ Slowing ☐ Accelerating ☐ Moving at Appx _____ MPH ☐ Other:________________________		
Collision Type:	☐ Front Impact ☐ Side Impact – ☐ Rear Impact ☐ Driver Side ☐ Passenger Side		
Road/ Street Name:		City/ State:	
Other Vehicle involved Make and Model:			
Their Car Insurance:		Was Police Report Filed:	☐ Yes ☐ No
Other relevant details about accident:			

2. Non-Motor Vehicle Accidents:

Please describe your accident and how you got injured:

I understand that I and my attorney must agree to the terms of Advance Therapy PC "Letter of Protection/ Lien" to pay my bills.

Patient Signature: ___________________________________

Registered Address
3700 Cross Park Dr, Bryan, TX 77802

Business and Communications Address
415 W Wheatland Rd #102, Duncanville, TX 75116