
INDUSTRIAL ACCIDENT INSTRUCTIONS SHEET

NAME OF CASE

Client's name: _____

Address: _____

P.P.S. No. _____

Telephone: Home _____ Work _____ Mobile _____

Date of Birth: _____

Marital Status: _____

Occupation: _____

Are you registered for VAT _____

DETAILS OF ACCIDENT

Date of Accident: _____

Time of Accident: _____

Location: _____

In the 24 hour period before the
accident had you consumed: -

(a) Alcohol _____

(b) Drugs _____

(c) Medication _____

EMPLOYMENT DETAILS

Name of Employer: _____

Address of Employer: _____

Have you missed
time from work _____

Earnings (a) Gross € _____ (b) Net € _____

Total Loss of Earnings: € _____

Social Welfare Payments
received if any € _____

Social Welfare Number _____

Are you entitled to a
Medical Card? _____

HOSPITAL

Did you attend or have
you been sent by your GP? _____

Doctor/Consultant _____

Duration of stay _____

Injuries: _____

Treatment received: _____

Next visit due _____

GENERAL PRACTITIONER

Name and Address: _____

Have you attended your GP
in relation to this accident? _____

Treatment from GP: _____

PHYSIOTHERAPY/OTHER TREATMENT

WITNESS DETAILS

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

EXPENSES

Travelling: _____

Damage to clothes: _____
Medicines: _____
GP's Fees: _____
Consultants fees _____
Hospital fees _____
Physiotherapy fees _____
Miscellaneous: _____

HOW ACCIDENT OCCURRED

Give a short account describing accident: -

MAP OF LOCATION OF ACCIDENT

PREVIOUS ACCIDENTS

Were you involved in any previous accidents? _____

If so furnish: -

1. Dates of previous accidents: _____
2. Injuries sustained: _____
3. Details of compensation received if any: _____
4. Name of Solicitor engaged by you: _____

PREVIOUS MEDICAL HISTORY

Have you suffered from any illnesses, medical complaint or disability in the past? _____

If so give full details _____

I confirm that the above information is true and accurate, and instruct John L. Mulvey & Co., Solicitors to act on my behalf in relation to this matter

Dated this day of 20

Signed: _____