Claim Status:
☐ Open
☐ Closed, Date: _____
☐ Rejected, Date: _____
☐ Appealed to Board of Industrial Insurance Appeals

PUTNAM ▪ LIEB ▪ POTVIN ▪ DAILEY
ATTORNEYS AT LAW

Claim No.:_____

Injury Date:_____

WORKER COMPENSATION INTERVIEW FORM

Name: _____ Date: _____

Physical Address: _____

Mailing Address: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Can we text you with important messages? ☐Yes ☐No Email: _____

Birth Date: _____ Social Security #: _____

Name of Spouse: _____No. of Dependents at home or in college: _____

May we speak to your spouse about the case? ☐Yes ☐No

What are your injuries (body part / psychological diagnosis)?_____

_____

How did your injury happen? _____

_____

Who are your doctors?_____

What type of treatment have you received? (*check all that apply*)

☐ Physical Therapy ☐ Chiropractic ☐ Surgery ☐ Injections ☐Physical Capacities Exam

Has the State or employer sent you to any doctors (Independent Medical Exam)? ☐Yes ☐No

Employer at time of injury: _____ Since? _____

Position at time of injury: _____☐Full Time ☐Part Time ☐Seasonal

Monthly salary or hourly rate? _____ Overtime? ☐Yes ☐No Bonus? ☐Yes ☐No

On the injury date were you covered by the employer's healthcare plan? ☐Yes ☐No

Date Coverage Ended: _____ Did you have a second job? ☐Yes ☐No

Are you presently working? ☐Full Duty ☐Modified Duty ☐Reduced Hours ☐ No, date last worked: _____

Any prior worker compensation claims? ☐Yes ☐No

What is your highest level of education? _____

What kinds of work have you done over your lifetime? _____

_____

Are you receiving any of the following social services benefits? (*check all that apply*)

☐ Social Security ☐ Unemployment ☐ DSHS ☐ None

_____
Client Signature

Attorneys at Law
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PUTNAM ▪ LIEB ▪ POTVIN ▪ DAILEY
ATTORNEYS AT LAW

AUTHORIZATION FOR FILE REVIEW AND ACCESS TO CLAIM AND ACCOUNT CENTER

TO WHOM IT MAY CONCERN:

I hereby request that the law firm of PUTNAM LIEB POTVIN, be furnished with a complete copy of my claim file, as set out below, for their inspection and review. The term "file" includes, but is not limited to, all files and information regardless of where they are located, how they are maintained and, whether they are oral, paper, electronic or any other medium, including:

- All medical records and treatment bills
- All vocational records and vocational bills
- All correspondence.
- All computer notes.
- Time Loss/LEP payment logs and receipts
- All information regardless of whether it is recorded, regarding telephone conversations.
- All information given to the Department of Labor and Industries on this claim
- All oral information.
- Copies of all photographs, films, videotape, surveillance information, etc.

In addition to the above, please forward a copy of (or provide electronic access to) the following files:

- R-Log
- LINIIS Report
- MIPS
- PROF Notes

This release is specifically extended to include access, electronic or otherwise, to claim files containing any and all instances of actual or suspected exposure to blood borne pathogens.

I hereby request that you specifically identify any documents or information not being provided and the reason that they are not being provided, whether they have been requested or not.

CLAIM AND ACCOUNT CENTER: I further request that Putnam Lieb be given access to view my claims file until further notice on the Claim and Account Center website.

APPLICATION TO PRIOR AND CONCURRENT CLAIMS: This authorization shall extend to the claim identified below and all prior and concurrent Washington worker compensation claims.

REVOCATION OF ELECTRONIC MAIL SERVICE: If an option has been selected for electronic mail, that option is revoked. All future correspondence shall be mailed to my attorneys.

GENERAL PROTEST: We hereby PROTEST any adverse written decisions or orders.

_____ _____

Claimant Printed Name Claimant Signature

_____ _____

Claim No(s). Date

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