**The text boxes will expand as you type and please delete options as required**

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| **Your Details** |
| **Your Name** |  |
| **Company Name** |  |
| **Address** |  |
| **Post Code** |  |
| **Email** |  |
| **DDI** |  |
| **Your Ref** |  |

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| **Solicitor or Defendant Details** |
| **Contact Name** |  |
| **Company Name** |  |
| **Address** |  |
| **Post Code** |  |
| **Telephone** |  |
| **Email (if known)** |  |
| **Their Ref** |  |

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| **Injured Person Details** |
| **Title** |  |
| **Name** |  |
| **Address** |  |
| **Post Code** |  |
| **Date of Birth** |  |
| **Telephone** |  |
| **Email (if known)** |  |

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| **About the Injury** |
| **Date of Accident** |  |
| **Incident Details** |  |
| **Injury Details** |  |

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| **Occupational Information** |
| **Employment Status** | Employed / Unemployed / Retired / Student / Not Applicable / Not known |
| **Job Title** |  |
| **Return to work Status** | Absent / Light duties / Full Duties / Not Known |

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| **Additional Information** |
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| **Liability Admission** | Pending / Admitted / Denied  |

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| **Useful Information** |
| **Please provide copies of any information that you think may assist us i.e.**1. **Medical Notes**
2. **Medico Legal Reports**
3. **Investigation Reports**
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| **Contact Information** |
| **On completing this form please e-mail it to:** **cases@medicess.co.uk****Medicess Limited, Riverview House, London Road, Basingstoke, RG24 7JL****Tel: 01256 341660 Fax: 01256 630181 Web: www.medicess.co.uk** |