

**Bonar Law Group**  
 1 Centerpointe Dr. Suite #315  
 La Palma, CA 90623  
 Telephone: (714) 452-1428  
 Fax: (714) 452-1418  
[www.bonarlawgroup.com](http://www.bonarlawgroup.com)



**Dear Client:**

**Please take your time in filling this out. Please make sure you send this back to us within 4-6 weeks. It is important that we have this form back, so that we can evaluate your injuries better and for us to settle your case in an expedient and informed manner. You may fax this filled form or email this form to us when you are finished with your answers. Email to your case manager or: [info@bonarlawgroup.com](mailto:info@bonarlawgroup.com) or Fax: (714) 452-1418**

## SOFT TISSUE INJURY QUESTIONNAIRE:

A soft tissue claim exists when someone is injured but there is no tangible (or visible) damage to the tissue. These claims are probably the most complex and most common claims. They are complex because there are no broken bones or physical evidence that anything is wrong. Mainly, the injured person is in pain, but there would be no objective way to prove the injury (or the pain). Here, this includes, headaches, muscle strains, stiff neck, sleepless nights, bruises. If you have any broken bones, please tell your case manager/atty assistant, you will be given a different form

Your Date of Incident: \_\_\_\_\_

<b>Your Name:</b>			
<b>Address:</b>			
<b>Telephone #:</b>	Home:	<b>Sex:</b>	<b>Male / Female</b>
	Cell:	<b>Marital Status:</b>	
<b>Birth date:</b>	<b>Age:</b> _____	<b>Spouse Name:</b>	
<b>Driver's License #:</b>		<b>S.S. #</b> :	
<b>Email Address:</b>			

### Your Opinion About the Incident

Give a brief description of incident Please provide me with your opinion on who was at fault and most importantly, WHY?


**Bonar Law Group**  
 1 Centerpointe Dr. Suite #315  
 La Palma, CA 90623  
 Telephone: (714) 452-1428  
 Fax: (714) 452-1418  
[www.bonarlawgroup.com](http://www.bonarlawgroup.com)



## **Your Treatments & Hospitalization &/or Therapy**

List all medical care providers, including hospitals, dates of service, ambulance, doctors, x-rays, prescriptions, etc. Give addresses and amounts of bills, if known. If not, just list the name of the doctor and/or provider. **IMPORTANT!** *We must know where to locate the records.*

<b>AMBULANCE SERVICE?</b> YES _____ or NO _____	<b>HOSPITAL or EMERGENCY</b> YES _____ or NO _____	<b>DR / CHIRO /THERAPY TRTMNTS</b> YES _____ or NO _____
Name of Establishment::	Name of Establishment::	Name of Establishment::
Address & telephone #:	Address & telephone #:	Address & telephone #:
Amount of Bills or Estimate:	Amount of Bills or Estimate:	Amount of Bills or Estimate:

**\*\*\*** If you need to add more, please add on a additional piece of paper. **Please provide us copies of any bills you receive or Explanation of Benefits.**

***DRAW / DIAGRAM OF THE ACCIDENT:*** \*\* Use another piece of paper if you prefer

**Bonar Law Group**  
 1 Centerpointe Dr. Suite #315  
 La Palma, CA 90623  
 Telephone: (714) 452-1428  
 Fax: (714) 452-1418  
[www.bonarlawgroup.com](http://www.bonarlawgroup.com)



### Your Injuries

Please provide pictures of your injuries the day of the incident and pictures AFTER (healing process) -- **Mark the areas and describe your injuries the day of the incident:**

--	--

### Your Losses

**Any out of pocket losses that you have NOT been reimbursed?** (Example: Deductible, Car Rental, CoPays, Etc)  
 Please explain and include receipts or proof of payment & details.


### **LOSS OF EARNINGS FROM EMPLOYMENT INFORMATION**

Any Loss of Earnings? <small>(missed days from work due to accident?)</small>	<b>Yes:</b> (    ) <b>No:</b> (    ) Your Occupation:	
<b>Employer:</b>	--	
<b>Address:</b>		
How many days of work did you miss? _____ Will you be claiming for loss of wages? YES or NO You may need to provide pay stubs or a letter from work for your missed hours or any type of proof of loss.		
<i>Did you lose any earnings due to this accident?</i>	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> * Hours lost multiplied by the wage of employee	
	<i>Total Hours Lost From Work:</i>	
	<i>Total amount lost from work:</i>	\$

**\*\* IMPORTANT:** Please submit to us any pictures of your injuries, marks, scrapes, bruises and/or surgical scars. You may email these pictures to your case manager or to our office: [info@bonarlawgroup.com](mailto:info@bonarlawgroup.com)