



IDAHO Neurosurgery & Spine

3345 Potomac Way
Idaho Falls, Idaho 83404
Phone: 208-552-6210 Fax: 208-552-2027

INJURY QUESTIONNAIRE

Is your condition the result of an injury or accident? _____ Yes _____ No

Date of injury/accident: _____

Type of injury/accident: Auto _____ Industrial _____ Other _____

Insurance Name & Address: _____

Claim Number: _____

Claim Adjuster Name & Telephone Number: _____

Place of injury/accident: _____

Please provide a brief account of how and where the injury occurred:-

Attorney Name, Address, Phone: _____

Signature: _____ Date: _____