

Surveillance/Activity Checks (fax to 413-788-4988):

Client: Phone/Ext.:
Contact: File #:
Claim Type: DOL: - -
Insured: Assignment due date: - -

CLAIMANT INFORMATION:

Name: Nickname: Email :
Address : DOB: - -
Phone (home/work) : SS. # : - -
Description :
Spouse/Children :
Motor Vehicle(s) :
.....
Current/Prev. Employers:
.....
.....
Currently on light duty? When? :
Sports/Hobbies :
Affiliations/Memberships :
Claimant's friends/hangouts :
.....

MEDICAL/LEGAL:

Nature of injury:
How did injury occur:
Time/Place of accident:
Treating?:
How often?: Next appointment :
Braces/support devices prescribed?:
Restrictions:
Legal Counsel:

MISCELLANEOUS:

Purpose of Investigation :
.....
Specific Instructions :
.....
.....
Previous Investigation? : Results :
IME/other appointments:
Misc. comments/instructions :
.....