



Medical Report Intake Form Premises Liability / Dog Bite

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|---|-------------------|---|------------------------------|
| Law Firm: | | Client/Case Name: | |
| Contact Person/Number: | | Age: | DOB: |
| Date of Injury: | Date Sent to CLS: | Deadline: | |
| Brief Description of Incident and Injury: | | | |
| Photographs of Incident Area: | | Residential or Commercial Area of Incident: | |
| YES | NO | YES | NO |
| Incident Report: | | Family/Client Diary: | |
| YES | NO | YES | NO |
| Date of Death (if applicable): | Permanent Injury: | | |
| | YES | NO | |
| Medical and Billing Records: | | | |
| HAVE NEED TO OBTAIN | | | |
| Healthcare Provider Information: | | | |
| Medicare: | YES | NO | |
| Medicaid: | YES | NO | |
| Private Insurance: | YES | NO | If Yes, Provider Name: _____ |
| Tri-Care/VA Coverage: | YES | NO | If Yes, Provider Name: _____ |
| Other Coverage: | YES | NO | If Yes, Provider Name: _____ |



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Document Checklist

- Complaint
- Interrogatories
- HIPAA Form, signed and up to date
(only applicable for Medical Record Retrieval services)
- Police Report
- EMS records
- Hospital records/ER records
- Primary Care Physician records
- Additional treating physician records
- Medical bills from all treating facilities and nursing home
- Documentation of out-of-pocket expenses
- Medical examiner evaluation report (if applicable)

Optional Records (may be beneficial depending on case)

- Photographs of injuries (if applicable)
- Photographs of accident scene
- Conditions of area (fenced in area, dog on leash, owner in vicinity, etc.)

Medical Records Analysis Disclosure: After review of medical records received to date, further medical record retrieval may be necessary in order to complete full medical case analysis. A summary of the records required will be forwarded for your review and retrieval will begin upon your authorization. Additional record retrieval fees will apply to amended retrieval efforts.

Completed By: _____

Date: _____