



# Medical Report Intake Form Slip and Fall Injury

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



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## Document Checklist

- Complaint
- Interrogatories (name and address of building/location of incident)
- HIPAA Form, signed and up to date  
*(only applicable for Medical Record Retrieval services)*
- Incident 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)

- Family or client diary/summary of events and discussions with healthcare providers
- Photographs of accident scene
- Photographs of injuries (if applicable)
- Conditions of area (weather, loose tread on stairs, loose handrail, 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: \_\_\_\_\_