



# Medical Report Intake Form Nursing Home

Law Firm:  Contact Person/Number:		Client/Case Name:  Age:                      DOB:	
Date of Injury:	Date Sent to CLS:	Deadline:	
Brief Description of Incident and Injury:			
Name of Nursing Home:			
Date of Admission into Nursing Home:		Family/Client Diary:	
		YES	NO
Bed Sore:		Permanent Injury:	
YES	NO	YES	NO
Medical and Billing Records:		Date of Death (if applicable):	
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)*

Nursing Home facility records

MSDS from nursing home

Hospital/ER records

Primary Care Physician records

Additional treating physician records

Medical bills from all treating facilities

Documentation of out-of-pocket expenses

Staffing records

Policies and procedures for nursing home facility

Wound care records/photos (if applicable for bed sore)

Medical examiner evaluation report (if applicable, Wrongful Death)

## Optional Records (may be beneficial depending on case)

Family or client diary/summary of events and discussions with healthcare providers

Photographs of injuries (if applicable)

*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: \_\_\_\_\_