

Appointment Protocol for State Workers' Compensation & Personal Injury

Use different forms for Federal Workers' Compensation, VA Disability & Social Security Disability. Obtain all forms at www.EllisClinic.com or call Ellis Clinic.

Date: _____

Referring Attorney: _____

Firm: _____

Address: _____

Phones / Fax / E-mail: _____

CLIENT'S Name: _____

Fee: \$500 Payable at the time records are submitted or appointment granted.
There may be an extra fee if there are extensive records or multiple injuries or conditions to be evaluated.

Submit an **Injury Information** form for Each Claim.

Submit a **Summary List of Records**.

Your Summary List will be attached or dictated into the expert medical opinion report.
If a Summary List is not provided then the report will reference the thickness of the records but not name specific records.

Collation of Records:

1. Legal:
 - a. Claim Form
 - b. Attorney correspondence
 - c. Prior adjudications
2. Medical:

Send only pertinent records such as the Operation Report but not all the hospital records.
Staple or clip together each operative report, test or medical provider.

 - a. Operation Reports and Hospitalization Discharge Summaries
 - b. Tests: MRI, EMG, X-Ray
 - c. Medical Providers: Staple or clip together each doctor or clinic.

Summary List of Records Example

John Q. Doe, SSN 123-45-6789
CC-Form 3 Filed 9/1/2016
Operation Report: Arthroscopy Left Shoulder, Dx: Rotator Cuff Repair, Ima Cutter, MD 7/7/2001
MRI Left Shoulder: 6/6/2001
Ima Cutter, MD: 3/3/2001 to 12/2/2001
Wellness Physical Therapy: 7/16/2001 to 10/5/2001

Injury Information: State Workers' Compensation or Personal Injury

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Date of Injury: _____ Type of Injury: State Workers' Compensation Personal Injury

Referring

Attorney: _____

Patient

Name _____

Date of Birth _____ SSN _____ Male Female

Home Address: _____

City/State/Zip: _____

Phones _____

E-Mail _____

BRIEFLY DESCRIBE WHAT CAUSED THIS INJURY. Examples: Slipped and fell on my back, My car was hit from the rear, A box fell on my left shoulder.

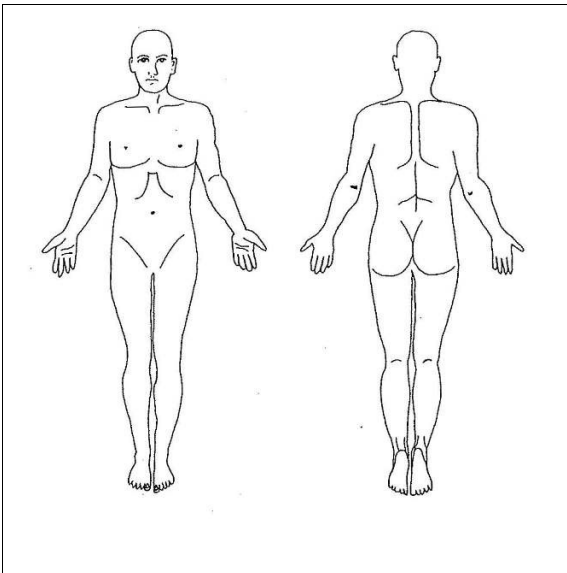
BRIEFLY LIST YOUR TREATMENT. Examples: Mercy ER, X-Rays. Marcus Welby, medications. Ima Cutter MD, Back Surgery 11/1/2015. Physical Therapy.

WHERE DO YOU STILL HAVE PROBLEMS? _____

DID YOU MISS WORK DUE TO THIS INJURY? No Yes If Yes list or estimate the dates or time missed. _____

OTHER SIGNIFICANT PAST OR RECENT INJURIES, i.e. 1968 highschool football. Left knee, surgery. 1978 Sprained left ankle at home. 1988 WC Back&Neck: Back surgery, I still have back and left leg pain. 1995 Rear end car wreck, neck pain.

Circle Where You Still Have Pain or Problems from This Injury



PERTINENT PAST MEDICAL HISTORY (Surgeries, Diseases not mentioned above)

PERTINENT FAMILY MEDICAL HISTORY (Asthma, Diabetes, Heart Attacks, Strokes, etc.)

MEDICATION ALLERGIES:

SCHOOL: High School Degree GED Years in College or Degrees _____

WORK STATUS: Still working for same employer Working for a new employer
 Still off work due to this injury Fired Retired

Ellis Clinic is in the 9 story 5100 Building located to the west of the corner of NW 50th Street & N. May Ave in Oklahoma City, OK