

Case Context Form

Deposition Summary

Privileged and Confidential

Please select the type of case: (x)

Workers' Compensation Claim Petition	
Workers' Compensation Employer's Petition (Modification, Termination, Review, etc.)	
Defense of a civil claim for personal injury	
Plaintiff's personal injury civil claim	
Other:	

Brief Description of the Issues in Controversy:

Law Firm:

Case Caption:

Firm File Number:

Responsible Attorney:

Please select the categories that you would like to be included in the summary

(All categories selected will be cited to the page on which they appear in the deposition records)

(x)

Chief Complaint	
History of Present Injury/Illness	
Findings upon Observation	
Findings upon Physical Examination	
History of Medications	
Prior Family and Medical History	
History of Alcohol/Tobacco	
History of Illicit Drugs	
History of Prior Injuries	
Abnormal Lab Results	
Diagnostic Studies and Results	
Medications Prescribed	
Follow Up Prescribed	
Devices Prescribed	
Clinical Diagnosis and Impressions	
Physician/Professional Responsible for Dx and Tx	
Date and Time of Arrival/Treatment	
Date and Time of Discharge	
Other Medical Providers Mentioned in the Records and Their Roles	
Other Cases, Accidents, Litigation, or Claims Mentioned	
All Lawyers Mentioned and Their Roles	
Other Information Revealed by Claimant Relevant to Claim	
Other (please specify)	
ALL OF THE ABOVE (complete comprehensive summary)	

