

## Case Context Form

**Medical Records Summary  
Privileged and Confidential  
Please select the type of case:**

**(x)**

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

**Please briefly explain the context of this case (claim, counter-claim, etc.):**

The guy collapsed on a loading dock behind a center city high rise office building. He worked for a janitorial company. He survived, but on life support for a few days, then died.

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Law Office Title: (-----) Law Offices  
Case Caption and 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  
medical records) ( x )**

Where the Medical Records are From	X
Dates of Service	X
Chief Complaint	X
History of Present Injury/Illness	X
Findings upon Observation	X
Findings upon Physical Examination	X
History of Medications	X
Prior Family and Medical History	X
History of Alcohol/Tobacco	X
History of Illicit Drugs	X
History of Prior Injuries	X
Abnormal Lab Results	X
Diagnostic Studies and Results	
Medications Prescribed	X
Follow Up Prescribed	X
Devices Prescribed	X
Clinical Diagnosis and Impressions	X
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	X
Other (please specify) Any information about his wife; her relationship with him, involvement in his insurance plan, if she ever visited him in the hospital, etc. It is unclear whether or not they were divorced, or ever married at all, but she wants the proceeds of the case to go to her.	X