

WORK COMP INTAKE SCREEN AND INFO SHEET

CALL DATE: _____

PATIENT: _____ PHONE: _____

ADDRESS: _____

SSN: _____ DOB: _____ LANGUAGE: _____

EMPLOYER: _____ DOH: _____

ADDRESS: _____

APPLICANT ATTY: _____ **PHONE:** _____
FAX: _____

ADDRESS: _____

CARRIER: _____ **PHONE:** _____

ADDRESS: _____ **FAX:** _____

CLAIM NO: _____ ADJUSTER: _____

DEFENSE ATTY: _____ PHONE: _____

ADDRESS: _____

PTP or REF PARTY: _____ **PHONE:** _____

ADDRESS: _____ **FAX:** _____

WCAB NO: _____ DATE OF INJ: _____

TYPE OF EVAL: D-QME _____ A-QME _____ AME _____ CONSULT _____ AOE/COE _____ TX: _____

PANEL QME: _____ IN PRO PER QME: _____ OTHER: _____

FOR A-QME: WHAT IS THE NATURE OF THE DISPUTE? _____ PSYCH CLAIM IS DENIED. _____ AME/QME LETTER SENT OUT AND NO RESPONSE.

NOTES: _____

PT ADVISED _____ ATTY ADVISED _____ REF PARTY ADVISED _____ RECORDS TO BE SENT BY _____

RETURN RECORDS: _____ YES _____ NO PARTS OF BODY INJURED: _____

APPOINTMENT INFORMATION / DOCTOR: _____

DATE: _____ TIME: _____