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|--|--------|---------------------------|-----------|
| Patient's name | | Insured ID (Prime Number) | |
| SSN | | Date of birth | |
| Agency Use Only – Complete fully before routing | | | |
| Program | Branch | Case Number | Worker ID |
| Case Name | | Date of request | |

Medical Record Checklist

Please send copies of existing records as noted below.

Information to request from hospital

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|---|---|
| <input type="checkbox"/> Admission summary | <input type="checkbox"/> Lab reports |
| <input type="checkbox"/> Admitting history and physical examination | <input type="checkbox"/> Operative and pathology reports or summaries |
| <input type="checkbox"/> Copies of consultant reports done while in hospital | <input type="checkbox"/> Progress notes since |
| <input type="checkbox"/> Discharge instruction sheet | <input type="checkbox"/> Psychological examination and reports |
| <input type="checkbox"/> Discharge summary | <input type="checkbox"/> X-ray reports |
| <input type="checkbox"/> History and physical examination including height and weight | <input type="checkbox"/> Other: |

Information to request from doctor or clinic

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|--|--|
| <input type="checkbox"/> Angiography interpretations | <input type="checkbox"/> Mental status including: evidence of delusions, hallucinations, disorientation, impaired concentration and affect |
| <input type="checkbox"/> Arterial blood gases | <input type="checkbox"/> Neurological findings |
| <input type="checkbox"/> EEG interpretation | <input type="checkbox"/> Progress notes since |
| <input type="checkbox"/> EKG interpretations | <input type="checkbox"/> Psychological examinations or reports |
| <input type="checkbox"/> Evidence of metastasis | <input type="checkbox"/> Pulmonary function tests, pre and post bronchodilators |
| <input type="checkbox"/> Functional classification of heart disease according to the New York Heart Association Criteria | <input type="checkbox"/> Recent hospital admission and discharge records |
| <input type="checkbox"/> History and physical examination including height and weight | <input type="checkbox"/> Treadmill interpretation |
| <input type="checkbox"/> IQ test results, including sub-test scores | <input type="checkbox"/> X-ray reports |
| <input type="checkbox"/> Lab reports | |
| <input type="checkbox"/> Other: | |

Comments