



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

Admission summary	Lab reports
Admitting history and physical examination	Operative and pathology reports or summaries
Copies of consultant reports done while in hospital	Progress notes since: to
Discharge instruction sheet	Psychological examination and reports
Discharge summary	X-ray reports
History and physical examination including height and weight	Other:

Information to request from doctor or clinic

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

Comments