

## **CHECKLIST OF ESSENTIAL INFORMATION**

**Re:** \_\_\_\_\_

**Instructions:** For each item checked below, please make a photocopy and send the requested information to K.W. Reagles and Associates.

### **Preliminaries**

\_\_\_\_\_ Signed Letter of Agreement  
\_\_\_\_\_ Retaining Check  
\_\_\_\_\_ Complaint  
\_\_\_\_\_ Bill of Particulars

### **Client Information**

\_\_\_\_\_ Accident/Incident Report  
\_\_\_\_\_ Examinations Before Trial (EBT's) of Plaintiff (s) Only

### **Medical Records to Present Date**

\_\_\_\_\_ E.R./Hospital Records (History & Physical, Operative/Procedure Reports, Radiology Reports,  
\_\_\_\_\_ Consultation Reports, Therapy Records, and Discharge Summary)  
\_\_\_\_\_ Physician Reports - Plaintiff  
\_\_\_\_\_ Physician Reports - Defendant  
\_\_\_\_\_ Psychologists/Psychiatrists Reports  
\_\_\_\_\_ Allied Health Provider Reports (e.g., PT, OT, etc.)  
\_\_\_\_\_ Functional Capacity Evaluation

### **Educational/Vocational/Economics**

\_\_\_\_\_ School Records/Transcripts/IEP  
\_\_\_\_\_ School Psychological Testing Results  
\_\_\_\_\_ Work History/Resume  
\_\_\_\_\_ Personnel Records, including job titles, wage rates, performance reviews, disciplinary actions  
\_\_\_\_\_ Union Contract/Pension Fund Records  
\_\_\_\_\_ Income Tax Returns (5 yrs. prior to disablement and any subsequent to disablement) -  
**OR** - Social Security Statement of Earnings  
\_\_\_\_\_ Earnings to Date in Current Year  
\_\_\_\_\_ Prior Medical History

\_\_\_\_\_

Other